1F - Academic + Clinical Relationships

A - Search for

5 - Public Health Experiences for Students + Graduates

c - minutes of Subcommittee for Integration of Social + Health Aspects

1 - June, 1947 through December, 1948

Minutes

Sub-committee for Integration of the Social & Health aspects of Nursing in the Basic Curriculum

1947 — 1950 -

Integration 3

June 24

H.Hc- 837

1st meeting Integration

Meeting of Integration Committee

Tuesday, June 24, 1947

4:10 p.m.

Massachusetts General Hospital
out-patient amphitheatre

The first meeting of the Integration Committee met on June 24, 1947, 4:10 p.m. at the Massachusetts General Hospital, out-patient amphitheatre, There were present: Miss Ethel Easter, Chairman; Miss Mary Bond, Miss Minnie Cohen, Miss Alice Hagelshaw, Mrs. Margaret Fessenden, Miss Blanche George, Miss Norma Larson, Mrs. Dorothy Hayward, Miss Sally Johnson, Mrs. John O'Brien, Miss Helen Brownhill, and Miss Mary Welsh.

Miss Easter opened the meeting by calling the roll. She explained that the first responsibility of this committee, which is a sub-committee of the Committee to Consider Observation and Affiliations for Students in Public Health Nursing, is to make a plan whereby students from the sixteen schools going to public health nursing agencies will have more or less uniform preparation for their one-day of observation.

There was some general discussion which pointed out that with the exception of the Massachusetts General and the Deaconess Hospitals where they have had full-time public health nursing on the staff for some time, most of the hospitals are just starting this program, and some still depend on outside instructors going in to teach the thirty-hour course.

With the difference in each hospital situation, it seemed to be difficult to make an overall plan for all students. However, it was decided that a group be appointed to list objectives in the preparation of the students. This group is to be prepared to report at the next meeting of the whole committee. Those appointed were: Miss Larson, Chairman; Miss Cohen, Miss Bond, and Mrs. O'Brien. Miss Randall and Miss Easter will work on the curriculum and course content.

It was decided to have the next meeting of the whole committee on Tuesday, July 15, 3:30 p.m. at Miss Easter's apartment, 97 Mt. Vernon Street.

The meeting adjourned at 5:15 p.m.

Committee - Integration
Ethel Easter - Deaconess
Mary Welsh - City
Norma Larson - M.G.H.
Mary Bond - V.N.A.
Alice Hagelshaw - S.C.
Minnie Cohen - B.D.
Ruth Sweeney - Baptist
Blanche Randall - M.M.
Mrs. Margaret Fessenden - W.E.&C.

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
Secretary

Mrs. Hackett - Carney (Slota Counselor
Mrs. Helen Miles - St. Elizabeth
Mrs. Blanche George - St. Margaret
Mrs. O'Brien - Children's
H. Wedgwood - City

July 18
Integration
2 Journeys
(4)

Minutes of Meeting
Sub-Committee on Public Health Observation

The second meeting of the Integration Committee met on July 15, 1947, at 3:30 p.m. at 97 Mount Vernon Street. There were present: Miss Ethel Easter, Chairman; Miss Minnie Cohen; Mrs. Margaret Fessenden, Miss Blanche George, Miss Norma Larson, Miss Blanche Randall and Miss Harriett Wedgwood.

The important issues on the Agenda were discussed:

1. The meaning of the observation period and the obligations of the School of Nursing toward preparing the student for a one day's observation with a community organization.

   The old sequence was, according to Harriet Frost, was, "first affiliation; second, observation; third, integration. We reverse the order to, first, integration; second, affiliation for observation; and third, affiliation for experience.

2. If we are to send the young student to the district before the medical and surgical lectures are complete, we should send her again when these are ~~complete~~ finished. What would the possibilities be of obtaining one day later with two other community orgainzations?

3. Committee on Objectives reported a very extensive set of OBJECTIVES which were read and discussed and then tabled for further deliberation.

4. Committee on Pre-requisites for Observation reported a tentative plan for students at various stages of their training. This was tabled for further discussion.

5. Miss Wedgwood presented an individual plan of objectives, set up to supplement those drawn up by Miss Larson and her Committee. These were discussed at length and tabled for later.

It was agreed by the Committee to bring these above reports and recommendations to the next Committee meeting, July 23, 1947, at 137 Newbury Street at 3:30 p.m. Miss Wedgwood is to re-write the objectives which she has drawn up and to distribute copies amongst the committee members before the next meeting.

Miss Easter will get in touch with several Nursing School Directors and invite them to be present for the discussion of Objectives and Pre-requisites at the next meeting.

It was agreed that the Commit tee should meet once again this summer because of the need for decisions before September.

Respectfully submitted,

Ethel M. Easter
Chairman

July 18/47

Julia Geddes
Ethel Easler.
Summer of 1947

1

Proposed Pre-requisites for The Observation Period of the Student Nurse in a Community Agency

PERSONAL HEALTH

The student could be made aware of the social and health concept from the day she enters the school of nursing by stressing the preventive aspect of disease in her:

1. physical examination
2. the immunization program
3. weight checking
4. hours of sleep
5. relaxation
6. posture
7. mental attitude

CORRELATION OF THE PRE-CLINICAL SUBJECTS

Emphasis of the social and health concept in:

1. Sociology
2. Microbiology
3. Nutrition
4. Chemistry
5. Nursing C & D
6. Hygiene
7. Professional Adjustments
8. Sanitation

Revise, if necessary, the present outline of each course with the assistance of the social worker and health coordinator.

CLASSROOM INSTRUCTION

1. Completion of the Medical and Surgical Units.
2. Correlation and integration of the social and health concept within the classroom and/or the ward.

CLINICAL EXPERIENCE

1. Out-patient observation or experience is desirable.

The Observation Method as a Tool in Teaching Social Science in a Community Setting

PERSONAL HEALTH

The student would be undertaking the social and health concept from the day she enters the school of nursing by stressing the preventive aspect of disease in her:

1. physical orientation
2. the immunization program
3. weight chart
4. hours of sleep
5. relaxation
6. posture
7. mental attitude

CORRELATION OF THE PRE-CLINICAL SUBJECTS

Emphasis of the social and health concept in:

1. Sociology
2. Microbiology
3. Nutrition
4. Chemistry
5. Nursing 0 & 1
6. Hygiene
7. Professional Adjustments
8. Sanitation

Series, if necessary, the present outline of each course with the assistance of the social science and health coordinator.

CLASSROOM INSTRUCTION

1. Completion of the Medical and Day Local Units.
2. Correlation and integration of the social and health concepts within the classroom and/or the ward.

CLINICAL EXPERIENCE

1. Out-patient observation or experience is desirable.

Integration

2. Integration of the Social and Health concept on the ward by:

   a. Participation of the social worker, health coordinator, and head nurses in all of the student teaching.

   b. Ward clinics stressing the preventive aspect of disease, the teaching of the patient emphasizing the need for complete care of the total patient.

   c. Ward clinics emphasizing the family and the community.

These proposals are submitted to the Committee for consideration.

Respectfully submitted,

ETHEL M. EASTER, Chairman
Committee on Integration

July 47 Ft. 2

SUGGESTED OBJECTIVES FOR THE STUDENT NURSE
IN THE OBSERVATION PERIOD WITH A
COMMUNITY AGENCY

- -

1. To awaken in the student an appreciation of the place nursing has in a country which is beginning to appreciate the goal of total health for all.

2. To give the student a brief glimpse of the work of a community agency and of the nurse's part in it.

3. To give the student a view of the social and health aspects of the community. This will serve as a basis for understanding the home and community factors which affect people.

4. To give the student more appreciation of a hospital patient and the understanding that a hospital visit is an important incident in his life; his family, friends, and home make up his existence.

5. To give the student nurse increased understanding of the value of each community agency and the awareness of the hospital as a part of the community.

6. To give every student an awareness of the responsibility of nurses in the preventive aspect of disease.

Respectfully submitted,

ETHEL M. EASTER, Chairman
Committee on Integration

44

6 4h

Integration
Jan. 23 - 48
5

GREATER BOSTON NURSING COUNCIL

COMMITTEE ON INTEGRATION

Friday, January 23, 1948
3:30 p.m.

There was a meeting of the Sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Friday, January 23, 1948, 3:30 p.m., at 261 Franklin Street, Boston. There were present: Miss Norma Larson, Chairman; Miss Ruth Ballam, Mrs. Ruth E. Chester, Miss Mary A. Clifford, Miss Minnie Cohen, Miss Ruth Farrisey, Mrs. Margaret Fessenden, Miss Blanche George, Miss Elizabeth Hart, Mrs. Thelma W. Miles, Mrs. Mary O'Brien, Miss A. Betty Updegraff, Miss Harriet Wedgwood, Miss Mary E. Welsh, and Mrs. Dorothy S. Hayward.

This committee met for the first time since June, 1947, with Miss Norma Larson taking over temporarily the chairmanship for Miss Ethel Easter who is going to school. At that time, objectives and requisites were set up for those students who were to have one day of observation in a public health nursing agency. This program has been in operation for 4 months, and it was the purpose of this meeting to have an open discussion on the weaknesses and successes of this plan thus far.

The following points were brought out during the course of the meeting:

1. Everyone has kept appointments.
2. Difficulties occurred only occasionally, e.g., students getting into the wrong agencies.
3. There have been no complaints whatever from nursing groups.
4. The main problem is that nurses are not getting adequate preparation in the hospital. (a suggestion was made to standardize preparation)
5. Some do not grasp the reasons for going to the agencies. It is so different from the work they are doing in the hospital
6. In a few instances, the students felt that they got only "a lot of fresh air". (glad not lot air)
7. In many cases, the students have shown a great deal of interest in the care of the patient after leaving the hospital which they did not possess previous to their day of observation.
8. The day of observation should not be given to students who will be on night duty that same day.
9. Students should not bring their dollar bill to the agency on the first day of their observation. - How alone
10. It is considered a part of the student's training to get this continuity of nursing service so that she will not only know what the patient is in the hospital, but she will also have an inkling of what the patient's life is in the home.
11. The program, as a whole, is very much worthwhile.

GREATER BOSTON NURSING COUNCIL

COMMITTEE ON INTEGRATION

Friday, January 23, 1948
3:30 p.m.

There was a meeting of the Sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Friday, January 23, 1948, 3:30 p.m., at 281 Franklin Street, Boston. There were present: Miss Norma Larson, Chairman; Miss Ruth Gillam, Mrs. Ruth K. Chester, Miss Mary A. Clifford, Miss Minnie Cohen, Miss Ruth Fairfaxy, Mrs. Margaret Fossenden, Miss Simonne Gourgo, Miss Elizabeth Hart, Mrs. Thelma W. Milne, Mrs. Mary O'Brien, Miss A. Betty Updegraff, Miss Harriet Wedgwood, Miss Mary E. Welsh, and Mrs. Dorothy S. Hayward.

This committee met for the first time since June, 1947, with Miss Norma Larson taking over temporarily the chairmanship for Miss Ashby, Director who is going to school. At that time, objectives and requisites were set up for those students who were to have one day of observation in a public health nursing agency. This program has been in operation for 4 months, and it was the purpose of this meeting to have an open discussion on the weaknesses and successes of this plan thus far.

The following points were brought out during the course of the meeting:

1. Everyone has keep-appointments.
2. Difficulties occurred only occasionally, e.g., students getting into the wrong agencies.
3. There have been no complaints whatever from nursing groups.
4. The main problem is that nurses are not getting adequate preparation in the hospital. (A suggestion was made to standardize preparation)
5. Some do not grasp the reasons for going to the agencies. It is so different from the work they are doing in the hospital.
6. In a few instances, the students felt that they got only "a lot of fresh air".
7. In many cases, the students have shown a great deal of interest in the care of the patient after leaving the hospital which they did not possess previous to their day of observation.
8. The day of observation should not be given to students who will be on night duty that same day.
9. Students should not bring their dollar bill to the agency on the first day of their observation.
10. It is considered a part of the student's training to get this continuity of nursing service so that she will not only know what the patient is in the hospital, but she will also have an inkling of what the patient's life is in the home.
11. The program, as a whole, is very much worthwhile.

One of the major issues which seemed to occupy the minds of the members present was the matter of deciding what should be done with the papers the students have written regarding their experience on that day of observation given to them. Since all of these evaluation records are very different in content, it was felt that they should be broken down to see just how close the integrators have reached in their original objectives. After much discussion, it was decided to send these papers, or copies of them, to the agencies and have a small committee set up to evaluate them.

Sample outline

In preparation for the next meeting, the Chairman requested each member to bring in the outline which is being used in her hospital regarding the preparation that is given to students before they have this day of observation. The 3 representatives from the public health agencies were also asked to come to the next meeting prepared to discuss what they consider should be included in the preparation of the student.

It was decided to hold the next meeting of this committee on Wednesday, February 4, 1948.

Third Wed. for 26

The meeting was adjourned at 5:00 p.m.

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
Secretary

One of the major issues which seemed to occupy the minds of the members present was the matter of deciding what should be done with the papers the students have written regarding their experiences on that day of observation given to them. Since all of these evaluation reports are very different in content, it was felt that they should be broken down to see just how close the integrators have reached in their original objectives. After much discussion, it was decided to send these papers, or copies of them, to the agencies and have a small committee set up to evaluate them.

In preparation for the next meeting, the Chairman requested each member to bring in the outline which is being used in her hospital regarding the preparation that is given to students before they have this day of observation. The 3 representatives from the public health agencies were also asked to come to the next meeting prepared to discuss what they consider should be included in the preparation of the students.

It was decided to hold the next meeting of this committee on Wednesday, February 4, 1948.

The meeting was adjourned at 5:00 p.m.

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
Secretary

Doc. 23
Integration

(2)

GREATER BOSTON NURSING COUNCIL

SUB-COMMITTEE ON INTEGRATION

Thursday, February 26, 1948
3:30 p.m.

There was a meeting of the Sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Thursday, February 26, 1948, 3:30 p.m., at 261 Franklin Street. There were present: Miss Larson, presiding; Miss Clifford, Miss Farrisey, Mrs. Fessenden, Mrs. Hackett, Miss Hart, Miss Johnson, Mrs. O'Brien, Miss Updegraff, Miss Wedgwood, Miss Welsh, Mrs. Lathrop, and Mrs. Hayward.

Miss Larson opened the meeting by reading a few sentences from the minutes of the last meeting in regard to a small committee which will be formed to breakdown the outlines which have been sent to Mrs. Hayward. A discussion then followed to determine what the hospital should give to the student for this preparation. One point to be considered is whether or not the hospital or agency should discuss with the student the activities of the three public health nursing agencies to meet the community health needs. There was no vote either one way or another whether this should be done, although many felt that it was a hospital responsibility. It was decided that agencies should prepare or revise the information they think the student nurse should know about that particular agency.

It was then asked whether the referral system being used in the hospital should be included in this preparation. From the discussion on this, it was brought out that some hospitals do not have a referral system which can be adequately interpreted to the student. Mrs. Hayward explained to the group that a Committee on Referrals is now being set up by the Health and Hospital Division of the Council hoping to work out a general plan for all hospitals in the city. It was decided to leave it to the discretion of the individual hospitals to explain their referral system to their own students.

Another topic to be thought about in the preparation of the student is the discussion of the continuity of medical care including nursing care in meeting the total community health needs. This would include knowledge of some of the problems that exist in a particular area; in other words, an overall view of the economic problems existing within a city. Mrs. Hayward then circulated to the members of the committee a set of eight maps of the Metropolitan area and suggested that if these are desired for teaching purposes, they may be acquired from the Research Bureau of the Greater Boston Community Council.

The next point of discussion was the matter of follow-up on this observation. Most hospitals hold a lecture lasting from one to two hours before the student goes out to the district and supplement it with an additional two-hour lecture when she returns from the district. In regard to the follow-up instructions, Miss Johnson was most emphatic about having specific notations drawn up for the benefit of the student. For the next time, outlines are to be submitted as to what should be included in the follow-up in the schools of nursing.

It was decided to hold the next meeting on Wednesday, March 10, 3:30 p.m., at 45 Bromfield Street, Boston.

The meeting adjourned at 5:15 p.m.

DOROTHY S. HAYWARD, R.N.
Secretary

GREATER BOSTON NURSING COUNCIL

Integration Committee Meeting

Wednesday, March 10, 1948

A meeting of the Integration Committee was held on Wednesday, March 10, at 45 Bromfield Street, Boston. Those present were: Miss Larson, Chairman, Miss Hart, Miss Updegraff, Miss Cohen, Miss Sullivan, Miss Clifford, Miss Farrisey, Mrs. O'Brien, Mrs. Miles, Miss Welsh, Mrs. Hackett, Miss George, Mrs. Chester, Mrs. Twomey and Mrs. Whittier from the M.O.P.H.N., and Mrs. Hayward acting as secretary.

Mrs. Twomey and Mrs. Whittier were present to discuss plans for Public Health Nursing Week and to ask the cooperation of public health nursing integrators in schools of nursing. Mrs. O'Brien from Children's Hospital stated that they were very much interested in cooperating and will plan to do tours of the hospital in the afternoon from two to four with the exception of Tuesday. They have tea each day at four o'clock and would be very glad to invite guests to tea. They will give any type of special observation which is desired by public health nurses. Each week they have a round table discussion and public health nursing will be included in this. Bulletin boards within the hospital will be used during Public Health Nursing Week. On Wednesday afternoons Grand Grounds are held and public health nurses could be invited to attend. It was also suggested that a program stressing continuity of nursing care and the use of a referral system would probably be of value.

Following this, there was general discussion about Public Health Nursing Week, and it was agreed that as far as possible all of the schools of nursing would try to have some special observation which would be handled by the public health nursing integrators. When possible, public health nurses from the districts where students have had their observation will be invited to participate. It was agreed that this would be a better plan than having a regular students meeting such as has been held the past two years.

There was a general discussion of factors to be considered in the follow-up of the one day observation for students. It was pointed out that it is very important to try to correct any false impressions students might have of public health nursing as invariably they are concerned with the conditions they find and wonder why agencies, knowing of such conditions, allow them to exist. A report guide was also discussed, and it was decided that the use of the guide be optional for the student when writing an evaluation of the experience. Miss Larson appointed a small committee with either Miss Cohen or Miss Ballam from the Visiting Nurse Association, Mrs. O'Brien, Miss Farrisey, and Miss Updegraff to work on the material which has been sent in by the integrators to use as a basis for an outline which can be used by all.

The program planned by each hospital for Public Health Nursing Week is to be given to Mrs. Hayward at the next meeting which will be held on Wednesday, March 24.

The meeting adjourned at 5:30 p.m.

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
Secretary

Enclosure Dep't Bulletin 1

GREATER BOSTON NURSING COUNCIL

Integration Committee Meeting

Wednesday, March 24, 1948

A meeting of the Integration Committee was held on Wednesday, March 24, at 261 Franklin Street, Boston. There were present: Miss Larson, presiding, Mrs. Chester, Miss Clifford, Miss Ballam, Miss Farrisey, Mrs. Fessenden, Mrs. Hackett, Miss Johnson, Mrs. O'Brien, Miss Welsh, and Miss Updegraff.

Miss Larson opened the meeting by declaring an open discussion on the possible means of evaluating this one day of public health nursing observation in the future. In other words, what should be considered during this next year so that when the time comes to give students this experience again, the integrators will have something to go on. Members of the committee contributed the following points to be considered toward this objective:

1. All personnel contributing to the education of the nurse should be informed of the public health nursing observation program.

    a. The attendance of clinical supervisors at the "follow-up" conferences with the students would be one method. This would also create an awareness of the health and social situation of Boston.

2. Instructors and supervisors should know which students have had this experience and report to the public health nursing instructor any contributions made by these students as a possible result of the observation experience.

    a. A schedule could be made out to these people showing who goes out each month.

3. The student's written report of the day's experience is a good form of evaluation.

4. The evaluation of nursing care studies written before and after the observation experience.

5. The evaluation of the check lists of procedure.

    a. These check lists could include the teaching of the patient (under supervision and without supervision) and the instigation of referral of patients for public health nursing care.

6. Pretests could be given to the students before experience.

Clifford - School
Ballam N.N.H. -

Dept. Gradu. Nurs. Mch. 30
V.N.A. [illegible]
Talk of Integration - hospital
Group V.N.A. staff - [illegible]

"follow-up" conferences with the students would be one method. This would also create an awareness of the health and social situation of Boston.

2. Instructors and supervisors should know which students have had this experience and report to the public health nursing instructor any contributions made by these students as a possible result of the observation experiences.

3. A bibliography could be made out to those people attending who care such a month.

4. The students written report of the day's experiences is a good form of evaluation.

5. The writing of nursing care studies written before and after the observation experiences.

6. The evaluation of the check lists of procedures.

7. These check lists could include the teaching (that the patient, senior supervision and written observation) and the instruction of students of students for public health nursing care.

8. Students could be given to the students before experiences.

Additional contributions as a result of above discussion:

1. Students should work closely with the social service department.

2. Students should learn to refer patients, even if it is only to the head nurse.

Following this, there was a general discussion about Public Health Nursing Week, and it was agreed that the public health nursing integrators would send in to Mrs. Hayward the special programs that each hospital plans to have for Public Health Nursing Week.

It was decided to hold the next meeting on April 7, 261 Franklin Street, Boston.

DOROTHY S. HAYWARD, R.N.
Secretary

Angie Parker

Fred H. Tarr

Parsons Kansas

9 8

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Integration April 7-48

Wednesday, April 7, 1948

There was a meeting of the Integration Committee on Wednesday, April 7, at 3:30 p.m., 261 Franklin Street, Boston. There were present: Miss Larson, Chairman; Miss Ballam, Miss Clifford, Miss Farrisey, Miss George, Mrs. Hackett, Miss Hart, Miss Johnson, Mrs. O'Brien, Miss Updegraff, and Miss Welsh. Invited guests were Miss Ethel Cameron, assistant principal at the New England Baptist Hospital and Miss Ruth Bartlett of the Visiting Nurse Association of Boston.

Miss Larson introduced the guests present to the members of the committee and asked for approval of the minutes of the last meeting. She then stated that a meeting of the sub-committee of this Committee was held on March 30, for the purpose of reviewing and compiling the material on the student nurses' one day of observation in a public health nursing agency. But during the course of their meeting, it was evident that the committee was not yet ready to carry out its purpose. One point which was given considerable thought, however, was to attempt to evaluate the objectives and the observation experiences as they now exist. It was planned, therefore, to think about these objectives at this meeting of the whole Integration Committee.

The objectives, which were drawn up by the Committee in June, 1947, were circulated by Miss Farrisey of the New England Baptist Hospital. These sheets were used by the clinical supervisor of the Baptist Hospital in evaluating the student's discussion of her experience against the proposed objectives. Of the five students who participated in the discussion, not one met the second and fifth objectives. The report (read by Miss Farrisey) of the Health Department nurse who had a conference with one of these students at the end of the day's observation revealed the attainment of the second and fifth objectives. The word "each" (community agency) in this objective was questioned.

In order to further evaluate the objectives and the experience, Miss Updegraff presented her evaluation of a student's written report and Miss Bartlett of the Visiting Nurse Association evaluated her end-of-the-day conference with the same student. This student's hospital experience was very limited. The end-of-the-day conference revealed confusion and a lack of understanding by the student. Because of this, the value of the experience for such a young student was questioned by the agency. It was stressed in the discussion that the young student is often shy and the one-day contact with her is not sufficient to overcome this difficulty. The evaluation of this student's written report resulted in the knowledge that the experience had been very worthwhile. The objectives were met in varied ratings with the exception of the fourth.

How young

As a result of the discussion during this meeting, it was apparent that there is a need to give further consideration to the objectives. Therefore, committee members were requested to give them thought for discussion at the next meeting.

It was decided to hold the next meeting on Thursday, April 22, at 45 Bromfield Street, Boston.

DOROTHY S. HAYWARD, R.N.
Secretary

(6)

91

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Integration April 22-48

Thursday, April 22, 1948

There was a meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Thursday, April 22, at 3:30 p.m., 45 Bromfield Street, Boston. There were present: Miss Larson, presiding; Miss Ballam, Mrs. Chester, Miss Farrisey, Miss George, Miss Johnson, Mrs. Miles, Mrs. O'Brien, Miss Porter, Miss Updegraff, and Miss Welsh.

Miss Larson opened the meeting by having the Secretary read the minutes of the last meeting. There being no corrections or omissions, the minutes were approved and accepted.

There followed a brief discussion on the open house activities which were carried on in the hospitals and in the agencies during Public Health Nursing Week. It was reported that many visitors attended these events and the program was very successful.

Copies of the objectives for students were circulated to the members of the committee to decide whether or not they are adequately stated. It was suggested that these objectives should be considered as working objectives rather than long-range objectives. The Chairman asked the members if they thought a central (over-all) objective should be reached. This would be a long-range objective and establish an ultimate goal for the one day of observation. (not for the whole program) There was general discussion on this, and Miss Farrisey felt that there should be consideration of the total patient -- pre-hospital, hospital, and post hospital. Several suggestions were given for this over-all objective and the one agreed upon was:

> "To Understand Better the Part Played by the Home and the Community in the Promotion of Health, Prevention of Disease, and the Care of the Sick."

The Chairman then suggested that the members be divided into three groups in order to consider the six objectives and see how they fit into the over-all objective. The first group consisted of Miss Updegraff, Miss Johnson, Miss Welsh, and Mrs. Chester. They worked on objectives 1 and 4 and made the following suggestions:

1. To develop in the student an appreciation of the place nursing has in a country which is endeavoring to reach a goal of total health for all.

   (a) To develop in the student an appreciation of the roll nursing plays in the continuity of medical care.

4. To give the student an understanding of the patient as an individual and of individual factors (situations) in the hospital, home, and community affecting his health.

Miss Farrisey, Miss George, Miss Ballam, and Mrs. O'Brien consisted of the second group who worked on the 2d and 5th objectives. They suggested for the 2d objective:

To give

2. By gaining a brief glimpse of the work of a community agency and its value.

This group decided to omit the fifth objective.

The third group who worked on objectives 3 and 6 were Miss Larson, Mrs. Hayward, Mrs. Miles, and Miss Porter. Their contribution was:

To develop

3. An appreciation of the social and economic factors which influence the health of individuals and families in the community.

6. To develop an awareness of the nurse's responsibility in maintaining health and preventing disease.

It was decided to further discuss these objectives at the next meeting which will be held on Thursday, May 6, 3:30 p.m., at 261 Franklin Street, Boston. 4th floor.

DOROTHY S. HAYWARD, R.N.
Secretary

Note - put 1 - 1a - 6 together.

12 (4)

? May - 1948

Integration

SUGGESTED OBJECTIVES FOR THE STUDENT NURSE
IN THE OBSERVATION PERIOD WITH A
COMMUNITY AGENCY

- -

1. To awaken in the student an appreciation of the place nursing has in a country which is beginning to appreciate the goal of total health for all.

2. To give the student a brief glimpse of the work of a community agency and of the nurse's part in it.

3. To give the student a view of the social and health aspects of the community. This will serve as a basis for understanding the home and community factors which affect people.

4. To give the student more appreciation of a hospital patient and the understanding that a hospital visit is an important incident in his life; his family, friends, and home make up his existence.

5. To give the student nurse increased understanding of the value of each community agency and the awareness of the hospital as a part of the community.

6. To give every student an awareness of the responsibility of nurses in the preventive aspect of disease.

Date Probably May 1948

Respectfully submitted,

ETHEL M. EASTER, Chairman
Committee on Integration

Large Committee with Delegates -

13

REPORT OF THE SUB-COMMITTEE ON INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM -- May 5, 1948

May 5 - 48 -

The Sub-committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum, under the chairmanship of Miss Ethel Easter, held three meetings during the summer of 1947 for the purpose of preparing suggested objectives of the one-day public health nursing observation and suggested requisites for the student nurse.

On January 23, 1948, the meetings were resumed. It was with regret that Miss Easter, who is attending school, felt she was unable to continue as chairman for some time. Miss Norma Larson was appointed chairman pro tem. Six meetings of this Committee have been held and two meetings of a sub-committee.

The apparent successes and weaknesses of the program which had been in effect for four months were discussed at the first meeting. The mechanical details of the program were working very well. As would be expected, there was concern for the value of the experience for the very young student but discussion revealed its important contribution to the education of the nurse. There were weaknesses, and these served to direct the activity of the group which included:

1. The preparation of the student nurse for the one-day public health nursing observation experience. It was evident that this preparation varied greatly in the schools of nursing.

   Each Public Health Nursing Instructor and representative of the three agencies submitted what she considered this preparation should include. Two of the agencies submitted the suggested content for the preparation by the school of nursing and the agency's preparation of the student. The details were considered. For example:

   Who should inform the student of the services of the agency?
   How much should she be expected to know?

   Duplication in this area was obvious. It was decided that it be the responsibility of the school of nursing as each student is able to observe the services of only one agency and should be informed early in her education of the three agencies and this experience provided an excellent opportunity. The public health nursing agency will, of, course, contribute the details necessary for the student's understanding of what she observes. One of the results of this discussion was the contribution by the agencies of up-to-date information and literature to assist the hospital instructors in this preparation.

   Another more obvious outcome of the discussions was the awareness of the available set of maps of the Metropolitan area from the Research Bureau of the Greater Boston Community Council showing the health and social areas in the city. These are considered a valuable contribution to the orientation of the student to the problems in the area she is to visit.

   Referral systems and the student's knowledge of them in order to better understand their value in continuity of nursing care was also considered a part of her preparation.

2. The student's written report of her experience.

These reports were discussed many times as to their value to the student, the instructor and the agency. The value of Report Guides was discussed and a few schools are now requesting reports without giving the student a guide. A number of student reports have been given to the agencies for the public health nurse's evaluation. Obvious false impressions and misunderstandings are revealed in these reports and they presented added evidence for the following:

3. The follow-up conferences on the experience in the hospital.
The possible content of these conferences was considered.

4. Methods for the present and future evaluation of the observation experience.
The Committee contributed the following toward evaluation:

a. The instructors and supervisors within the hospital could report to the PHN instructor any contributions made by the students as a possible result of the observation experience.

(1) They would need to be informed as to which students have had this experience. A schedule could be made out to these people showing who goes out each month.
(2) All personnel contributing to the education of the nurse should be informed of the public health nursing observation program.
a) The attendance at the "follow-up" conferences with the students would be one method. This would also create an awareness of the health and social situation of Boston.

b. The student's written report of the day's observation is a good form of evaluation.

c. The evaluation of nursing care studies written before and after the observation experience.

d. Pretests could be given to the students.

e. Check lists of procedures could be a method of evaluation.

(1) These check lists could include the teaching of the patient (under supervision and without supervision) and the instigation of referral of patients for continuity of nursing care.

5. The formation of a sub-committee to review and compile the material submitted by the members in order to make definite recommendations regarding the preparation of the student by the hospital and the PHN agency, the follow-up within the hospital.

This committee felt it was not yet ready to make recommendations. Further consideration of the objectives set up during the summer, 1947, seemed necessary. Therefore,

6. An attempt to evaluate the objectives and the experience (was made).

   This included the evaluation of the end-of-the day conferences at two agencies by the supervisors who held these conferences, evaluation of one of these student's written report and an evaluation of the student's participation in a follow-up conference. The objectives were met in varying degrees. Our progress in thinking plus the above evaluation made reconsideration of the objectives worth-while.

7. Setting up suggested objectives for the student nurse for the one day's observation with a community agency.

   These have not received final approval by the committee. Therefore, are not ready for presentation as a recommendation. These will be read at the end of the report and comments will be gratefully received.

Many contributions and points for further consideration toward improved integration have been made during these meetings, and I would like to report a few.

1. Students should work closely with the social service department.
2. Students should learn to refer patients, even if it is only to the head nurse.
3. Other community agencies should realize the importance of and the need for their contribution to the education of the nurse.
4. The title of the public health nurse employed by the hospital to assist with the integration of the health and social aspects of nursing care appears to cause confusion within the hospital. These titles are: co-ordinator, integrator, and instructor.

The members of the committee were approached by District No. 5, MOPHN, to assist with the planning of programs within the hospitals for public health nurses during Public Health Nurse Week. The members were most co-operative and, from the reports received, interesting and stimulating programs were planned.

At this time, we have nothing in black and white to recommend to this Committee (on Integration of the Social and Health Aspects of Nursing Care in the Basic Curriculum). However, it is hoped that before summer vacations start, we will have accomplished this. May I say, I am not too disturbed over this fact. The meeting together of the members has contributed enormously toward the development of a mutual understanding and attitudes toward this observation experience in the education of the nurse.

Respectfully submitted,

Norma C. Larson
Chairman Pro tem

Integration
May 5 -
4/8
14

SUGGESTED OBJECTIVES FOR THE STUDENT NURSES FOR THE
ONE DAY'S OBSERVATION WITH A COMMUNITY AGENCY

- - - - - - - - - - -

Note: These objectives have not been accepted by the Sub-Committee on Integration and, therefore, are not presented as a recommendation to the Committee on Integration. They do, however, represent the present thinking of the Sub-Committee -- and comments will be gratefully received:

To understand better the part played by the family, home, and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of total health for all.

1. To develop an appreciation of the nurse's roll in the continuity of medical care.

2. To understand better the patient as an individual and such factors as may affect his physical and emotional well-being in the hospital, home, and community.

3. To gain an overview of the work of a community agency and its value.

4. To develop further an awareness of community life emphasizing:

   (a) Population trends.

   (b) Juvenile Delinquency.

   (c) Social, educational, and recreational facilities.

   (d) Problems peculiar to the area.

NORMA LARSON, R.N., CHAIRMAN
SUB-COMMITTEE ON INTEGRATION

5/5/48

May 5 '48 15 Jul

SUGGESTED OBJECTIVES FOR THE STUDENT NURSES FOR THE
ONE DAY'S OBSERVATION WITH A COMMUNITY AGENCY
Including Preparation and Follow-Up

- - - - - - - - - - -

Note: These objectives have not been accepted by the Sub-Committee on Integration and, therefore, are not presented as a recommendation to the Committee on Integration. They do, however, represent the present thinking of the Sub-Committee -- and comments will be gratefully received:

To understand better the part played by the family, home, and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of ~~total~~ optimum health for all.

2 ~~1.~~ To develop an appreciation of the nurse's roll in the continuity of medical care.

1 ~~2.~~ To understand better the patient as an individual and such factors as may affect his physical, ~~and~~ emotional, and social well-being in the hospital, home, and community.

3. To gain an overview of the work of a community agency and its value.

4. To develop further an awareness of community life ~~emphasizing~~: such as:

~~(a) Population trends~~.

~~(b) Juvenile Delinquency~~.

(c) Social, educational, and recreational facilities.

(d) Problems peculiar to the area.

NORMA LARSON, R.N., CHAIRMAN
SUB-COMMITTEE ON INTEGRATION

5/5/48

16

May 6 - 48

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Thursday, May 6, 1948
3:30 p.m.

There was a meeting of the Sub-Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Thursday, May 6, 3:30 p.m. at 261 Franklin Street, Boston. There were present: Mrs. O'Brien, presiding for Miss Larson; Mrs. Hackett, Miss Clifford, Miss Farrisey, Miss Updegraff, Miss Howland, Miss George, Mrs. Fessenden, and Miss Porter.

Mrs. O'Brien expressed Miss Larson's regret that she was unable to attend the meeting. She then read the minutes of the last meeting and asked for comments on them. There being no suggestions, it was agreed to accept the minutes of the last meeting.

The Chairman read a letter from Mrs. Twomey who thanked the public health nursing integrators for the programs they planned during Public Health Nursing Week. A copy of the objectives, which were pulled together by the sub-committee of this Committee, were passed to the members present. These were corrected in accordance with the suggestions made by the members of the large committee, which had met the previous day, with the exception of adding the words "in the hospital" to the title. It was felt that this phrase was not true in every case. It was later suggested by Miss Howland, however, that a simple title like "Student Objectives" or "Suggested Objectives" be used with an introductory statement following. It was agreed that the small group would develop an introductory statement for these objectives.

There was some discussion about the order of these objectives, and it was agreed to place No. 2 first. The committee then gave considerable thought to No. 4, which was the reason why the title was decided to be changed by the large committee. Juvenile Delinquency was particularly questioned under this objective. Miss Farrisey felt that this problem should be included because it comes up in the student's written reports, and Miss Updegraff suggested that probably it should be placed under "problems peculiar to the area." Miss Clifford had the feeling that Juvenile Delinquency comes under the Bureau of Child Accounting and not in the nursing field at all. After discussing this a little further, it was decided to strike out (a) and (b) under objective 4. (Copy enclosed with corrections written in) The committee then agreed not to pass final approval on these objectives until the small committee has its meeting on May 15.

For the next meeting, the members should plan to discuss the material already presented by the agencies to this committee, think about the use of guide sheets, and where in the curriculum this experience should take place. It was the general opinion, however, that students should have this preparation early in their training.

There being no further business to discuss, the meeting adjourned.

DOROTHY S. HAYWARD, R.N.
Secretary

cg

June 8

17

Integration June 8 -- 48

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Tuesday, June 8, 1948
3:30 p.m.

The Sub-Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on June 8, at 3:30 p.m., 45 Bromfield Street, Boston. There were present: Miss Larson, Chairman, Miss Johnson, Miss Updegraff, Miss Clifford, Miss Ballam, Mrs. Chester, Miss Porter, Miss Farrisey, Mrs. Fessenden, Mrs. Turner, and Mrs. Hayward.

Mrs. Hayward introduced Mrs. Turner, a student at Simmons College, who has been having some observation with the Greater Boston Nursing Council at the present time.

Miss Larson reported as follows regarding the small committee which had been working on objectives:

> "Three meetings have been held (5/20, 5/27, and 6/3/48) to further discuss the objectives and to review and prepare suggestions from the material prepared by the members of the Committee on Integration.
>
> "The 'Suggested Objectives' for the student nurse, public health nursing personnel, and the school of nursing instructors in preparation for and follow-up of the one-day observation with a community agency have been revised and are to be presented today.
>
> "Suggested Responsibilities of the School of Nursing in the Preparation of the Student Nurses for the one day Public Health Nursing Observation have been prepared and are to be presented for discussion and possible acceptance by the Committee on Integration.
>
> "The committee plans to continue its work during the month of June in order to make suggestions which should be helpful to the fall program."

She pointed out that the second and fifth objectives had been changed. The new objectives were discussed. It was decided that they would be designated as the central objective with five contributing objectives. After discussion on objective #5, it was decided to change that to read -- "To develop further an awareness of community life and problems peculiar to the geographic area observed by the student.

The objectives as approved by the Sub-Committee are as follows:

Central Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Tuesday, June 8, 1948
3:30 p.m.

The Sub-Committee on Integration of the Social and Health Agencies of Nursing in the Basic Curriculum met on June 8, at 3:30 p.m., 45 Mount Vernon Street, Boston. There were present: Miss Larson, Chairman; Miss Johnson, Miss Tyndarski, Miss Clifford, Miss Dalton, Mrs. Chester, Miss Porter, Miss Furlong, Mrs. Passmore, Mrs. Turner, and Mrs. Hayward.

Mrs. Hayward introduced Mrs. Turner, a student at Simmons College, who has been having some observation with the Greater Boston Nursing Council at the present time.

Miss Larson reported on Tuesday's meeting the small committee which had been working on objectives:

"Three meetings have been held (4/20, 5/27, and 6/3/48) to further discuss the objectives and to review and prepare suggestions from the material prepared by the members of the Committee on Integration.

"The Suggested Objectives, for the student nurse, public health nursing personnel, and the school of nursing instructors in preparation for and following of the one-day observation with a community agency have been revised and are to be presented today.

"Suggested Responsibilities of the School of Nursing in the preparation of the Student Nurses for the one day Public Health Nursing Observation have been prepared and are to be presented for discussion and possible acceptance by the Committee on Integration.

"The committee plans to continue its work during the month of June in order to make suggestions which should be helpful in the fall program."

She pointed out that the second and fifth objectives had been changed. The new objectives were discussed. It was decided that they would be designated as the central objective with five contributing objectives. After discussion of objective #3, it was decided to change that to read -- "To develop further an awareness of community life and provide perspective to the geographic area observed by the student.

The objectives as approved by the Sub-Committee are as follows:

Central Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

Contributing Objectives

1. To understand better the patient as an individual and such factors as may affect his physical, emotional, and social well-being in the hospital, home, and community.

2. To develop an appreciation of the nurse's role in the continuity of medical care, including the prevention of disease, and promotion of physical and mental health.

3. To gain an overview of the work of a community agency and its value.

4. To increase awareness of the interrelationships of health and social agencies.

5. To develop further an awareness of community life and problems peculiar to the geographic area observed by the student.

Miss Larson then read the suggested responsibilities for schools of nursing. These were based on what the agencies would like the student to have before coming for observation. This material was reviewed carefully and there was general discussion. There was some feeling that it would be impossible to include all this in two hours, which is the amount of time most of the instructors have for this. Others present felt that it could be done. Miss Updegraff then suggested that the schools not be held responsible for teaching all of this material but to use it as a guide and suggested that it be tried out to see if it could be taught in two hours. Miss Farrisey then suggested that it might be well to have someone who is "not sold" on this outline sit in with the Sub-Committee and assist in revising it. Mrs. Chester was invited to meet with the committee.

Miss Larson brought up the question of using report guides and it was found that the majority of those present were no longer using them and that they were getting better reports without them. Miss Farrisey stated that her best reports were coming from students who were observing with a school nurse.

The meeting was adjourned at 5:05 p.m.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

Contributing Objectives

1. To understand better the patient as an individual and such factors as may affect his physical, emotional, and social well-being in the hospital, home, and community.

2. To develop an appreciation of the nurse's role in the continuity of medical care, including the prevention of disease, and promotion of physical and mental health.

3. To gain an overview of the work of a community agency and its values.

4. To increase awareness of the interrelationship of health and social agencies.

5. To develop further an awareness of community life and problems peculiar to the geographic area observed by the student.

Miss Larson then read the suggested responsibilities for schools of nursing. These were based on what the agencies would like the students to have before coming for observation. This material was reviewed carefully and there was general discussion. There was some feeling that it would be impossible to include all this in two hours, which is the amount of time most of the instructors have for this. Others pointed out that it could be done. Miss Dyckerhoff then suggested that the School provide full time for teaching all of this material but to use it as schools can be held responsible for teaching all of it could be taught in two hours. Miss Nurtney then suggested that it might be well to have someone who is "not sold" on this outline sit in with the Sub-Committee and assist in revising it. Mrs. Chester was invited to meet with the committee.

Miss Larson brought up the question of using report guides and it was found that the majority of the students weren't so longer using them and that they were getting better reports without them. Miss Nurtney stated that her best reports were coming from students who were observing with a school nurse.

The meeting was adjourned at 5:05 P.M.

MRS. DOROTHY S. HAYNES, R.N.
SECRETARY

18

S. Johnson June 8 '48

Integration

June 8, 1948

SUGGESTED OBJECTIVES

These objectives are suggested as a guide for the student nurse, public health nursing personnel, and the school of nursing instructors in preparation for and follow-up of the one day observation with a community agency. It is recognized that all the objectives will not be met during the one day observation.

Main Overall Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

Contributory Objectives

1. To understand better the patient as an individual and such factors as may affect his physical, emotional, and social well-being in the hospital, home, and community.

2. To develop an appreciation of the nurse's role in the continuity of medical care, including the prevention of disease, and promotion of physical and mental health.

3. To gain an overview of the work of a community agency and its value.

4. To increase awareness of the interrelationships of health and social agencies.

5. To develop further an awareness of community life and problems peculiar to the geographical area observed. by the student.

Presented to: The Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum

By the: Sub-committee on Integration.

For: Discussion and acceptance.

Prep. of Delivery

Integration 19
June 8th 48

Date: June 8,1948
Presented to: The Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum
By the: Sub-committee on Integration.
For: Discussion and acceptance.

SUGGESTED RESPONSIBILITIES OF THE SCHOOL OF NURSING IN THE PREPARATION OF THE STUDENT NURSE FOR THE ONE DAY PUBLIC HEALTH NURSING OBSERVATION

This experience is only one of many in the basic curriculum for the integration of the social and health aspects of nursing care. The following suggestions should not be the responsibility of one person but the responsibility of all instructors who teach the students before this experience. However, one or two hours are necessary to review and discuss these factors in relation to the observation experience.

only one

Each student nurse should have:

1. An understanding of the observation program in the Greater Boston area.

this

2. A knowledge of the objectives of the experience.

3. An understanding of family life and its importance to the well-being of the community.

4. An understanding of community life.
   a. General knowledge of community facilities for the promotion of public well-being.
      (1) Adequate housing and community sanitation.
            (a) The private and public agencies.
      (2) The Fire, Police Departments and Boston Protective Association.
      (3) Shopping facilities for food, clothing, etc.
      (4) Educational facilities including schools, libraries, rehabilitation facilities and settlement houses.
      (5) Religious facilities.
      (6) Facilities for employment.
      (7) Recreational facilities.
      (8) Social agencies
            (a) The general purposes of such agencies.
      (9) Health agencies and facilities
            (a) The private physician
            (b) The dentist and dental clinics.
            (c) Medical care in clinics and other plans for those unable to afford private care.
            (d) Hospitals and Out Patient Departments
            (e) Rehabilitation Centers
            (f) Health Units
            (g) Convalescent and Nursing Homes -
            (h) Nursing services including public health nursing agencies.

Intro. Bundy

b. A comprehension of the outstanding health and social problems in the City of Boston.
   (1) The tuberculosis rate.
   (2) The infant mortality rate.
   (3) Educational achievement.

   See: Teaching Aids-maps.

5. A knowledge of the Public Health Nursing Agencies to be visited.
   a. City of Boston, Department of Health.
      (1) A summary of the history of the department.
      (2) The organization of the department.
         (a) The type of agency.
         (b) The financial support.
      (3) The law delegated responsibilities of the department.
         (a) Communicable disease control including Venereal Disease.
         (b) Sanitation
         (c) Child health supervision.
         (d) Tuberculosis services
         (e) Health Education
         (f) Vital Statistics
         (g) Nutrition.
      (4) The Division of Public Health Nursing.
         (a) The size of the staff.
         (b) The functions of the public health nurses in assisting with the department's responsibilities.
            Supervision and teaching in the homes.
            Participation in group supervision and teaching.
               Well-Baby Conferences
               Tuberculosis Clinics.
            Supervision and teaching in the schools.
               Nursery Schools
               Parochial Schools

   b. The Visiting Nurse Association of Boston.
      (1) A summary of the history of the agency.
      (2) The organization of the agency.
         (a) The type of agency
         (b) Financial support
         (c) Patient's fees.
         (d) The size of the staff.
      (3) The services offered to the community.
         (a) Skilled nursing care in the home.
         (b) Instruction in the prevention of illness and family health problems.
         (c) The promotion of health in any way possible.
            Morbidity Nursing Service - acute and chronic.
            Maternity Nursing Service - antepartum including Mother's Clubs, intrapartum and postpartum.
            Orthopedic Nursing Service.
            Nutrition including Food Classes.
            Occupational Therapy
            Mental Hygeien and Social Hygiene.
            Special Services

c. City of Bo ton, Department of School Hygiene, Nursing Division
   (1) A summary of the history of the agency.
   (2) Organization of the Division.
      (a) Type of agency.
      (b) Financial support.
      (c) The size of the staff.
   (3) The services offered to the community.
      (a) Health Education.
         The child and his family--individual conferences and home visits.
         School personnel--individual conferences and meetings.
         Community meetings.
      (b) Health Services.
         The inspection of the child.
         The control of communicable diseases.
         The examination of the child.
         The physically handicapped child.
         First-aid program.
         Dental program.

6. A knowledge pertaining to the field of public health nursing.
   a. A service to all the people in the community.
   b. An organized service necessitating physician's approval and orders.
   Observation of professional ethics.
   d. Cooperation with all health and social agencies.

7. Specific directions and information for the experience.

Teaching Aids:

Community Studies Section of the Research Bureau of the Greater Boston Community Council. Possess following

Maps showing the comparison of 63 neighborhoods of the City as to housing, health, economic security, education achievement, and social breakdown involving children.
Directory of Social Service Resources of Greater Boston (Published yearly).
Boston House Numbers by Consus Tract (free).
The following reference material may be used in office:
   Area Fact Books
   Comparisons of 30 Towns-favorability rating.
   Indicative Population Trends as compiled by the State Planning Board.
   Census data.
   Health and Welfare data of Boston and surrounding areas. Harvard studies are available.

Teaching Aids continued:

Up-to-date information pertaining to the Public Health Nursing Agencies may be obtained at the Greater Boston Nursing Council.

Watch for the publication of the Greater Boston Health Survey results.

July 2 - 48

Outline A - Integration 20

The Greater Boston Nursing Council Committee on Integration

Orientation to the one day observation with a community agency

Introductory Statement

It is not expected that one member of the school of nursing faculty will be solely responsible for giving to the student the entire content of this orientation outline. All theoretical and clinical instructors who teach the student prior to this experience should have made some contribution. It should be understood that this observation is only one of many in the basic program for the integration of the social and health aspects of nursing.

It is recommended that at least

From one to two hours should be allocated for the discussion and review of the items shown on Outline A.

Recommended Teaching Aids

1. Boston's Health in 1946
2. Maps showing the comparison of 63 neighbourhoods of the City of Boston as to housing, health, economic security, educational achievement, and social breakdown involving children.
3. Directory of Social Service Resources of Greater Boston (Published yearly)
4. Boston House Numbers by Census Tract (free)
5. The following reference material may be used in office:
   a. Area Fact Books
   b. Comparisons of Fifty Towns----favorability rating
   c. Indicative Population Trends as compiled by the State Planning Board.
   d. Census Data
   e. Health and Welfare data of Boston and Surrounding areas (Harvard Statistics are available)
6. Up-to-date information pertaining to the Public Health Nursing Agencies may be obtained at the Greater Boston Nursing Council.
7. Watch for the publication of the Greater Boston Health Survey results.
8. Consult the Community Studies Section of the Research Bureau of the Greater Boston Community Council for further information regarding specific problems which may have been or are now under study.

July 2, 1948

OUTLINE A. JULY, 1948

Each student should have:

I. A knowledge of the objectives of the experience with an understanding of the purpose, planning, and application of the observation program in the Greater Boston Area.

II. Some understanding of the individual and the family in community life.

III. General knowledge of community services and facilities for the promotion of public well-being.

A. Adequate housing and community sanitation
the private and public agencies

B. The Fire and Police Departments and the Boston Protective Association.

C. Shopping Facilities for food, clothing, etc.

D. Educational facilities including schoold, libraries

E. Rehabilitation facilities and settlement houses

F. Religious facilities

G. Recreational facilities

H. Social agencies--the general purpose of such agencies

I. Health agencies and facilities

1. The private physician
2. The dentist and dental clinics
3. Medical care in clinics and other plans for those unable to afford private care
4. Hospitals and Out Patient Departments
5. Rehabilitation Centers
6. Health Units
7. Convalescent, nursing, Foster, and Baby Boarding homes.
8. Nursing services including public health nursing.
   a. Knowledge pertaining to the field of Public Health Nursing
      An organized service to all the people in the community necessitating physicians' approval and orders.

      A nursing service cooperating with all the health and social agencies in the community.

J. Referral plans

IV. A knowledge of the Public Health Nursing Agencies to be visited.

A. City of Boston , Department of Health

1. A summary of the history of the Department of Health.
2. The organization of the department
   the type of agency
   the financial support of that agency
3. The responsibilities of the department as delegated by law.

a. Communicable disease control including venereal disease.
b. Sanitation -- Food Division and Milk Inspection
c. Child Health supervision
d. Tuberculosis services
e. Health Education
f. Vital Statistics
g. Nutrition
h. Bacteriological Laboratory

4. The Division of Public Health Nursing
   a. The size of the staff
   b. The functions of the Public Health Nurses in assisting with the department's responsibilities
      Supervision and teaching in the homes
      Participation in group supervision and teaching.
         Well Baby Conferences
         Tuberculosis Clinics
      Supervision and teaching in the schools
         Nursery Schools
         Parochial Schools

5. Quality of P.H.N.
Size of staff
Training of nurses
Home visits

Prof. in Home
Well clinic
Schools
P.H.N.

B. The City of Boston, Department of School Hygiene, Nursing Division
   1. A summary of the history of the Agency
   2. The organization of the agency
      type of agency
      financial support
      the size of the staff
   3. The responsibilities of the department as delegated by law
   4. The part of the school nurse in the overall school health program.
      a. a. Health Service (refer to School Nursing Policies)
         Health education, Health appraisal, Health inspection, Health protection, and follow-up.
      b. Provisions for healthful school living
         Healthful school environment
         Factors: lighting, heating, sanitation, ventilation, seating (child with physical handicap should be seated advantageously in classroom or placed in a class of specialized instruction.)
      c. Hygienic arrangement of school day is made so that:
         The child may live healthfully from a physical, social, and emotional standpoint.
         Work demanding the greatest concentration is done in the morning.
         Mid-morning milk is served daily and a hot noon luncheon is served in Junior High Schools.
      d. Classes of Specialized Instruction
         Sight Conservation, Lip reading, Speech improvement, Remedial Reading, Special classes for the mentally retarded, Home instruction for the handicapped child unable to attend school.
      e. Physical Education Program
      f. Health and Safety program
      g. Other activities
         Conferences and referrals by the school nurse.

Special School department cares for the child presenting emotional or social maladjustment.

C. The Visiting Nurse Association of Boston
1. A summary of the History of the Agency
2. The organization of the agency
type of agency
financial support
patient's fees
the size of the staff
3. The services offered to the community
a. Skilled nursing care to the sick in their homes
b. Instruction in the prevention of illness and family health problems.
c. Thepromotion of health in any way possible
Morbidity Nursing Service--acute and chronic
Maternity Nursing Service--antepartum, Intrapartum and postpartum care.
Mothers' clubs
Orthopoedic nursing Service
Nutrition teaching including food classes
Occupational Therapy
Mental Hygiene
Social Hygiene
Special services

V. A comprehansion of the outstanding health and social problems in the City of Boston
a. The infant mortality rate
b. The tuberculosis rate
c. Educational achievement in the Boston community
d. Other indices
See: Teaching aids---Maps
Boston's Health in 1946

VI. Specific directions and information for the experience.

General directions

July 2 - 48
Integration

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

Friday, July 2, 1948

The Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on Friday, July 2, 3:30 p.m., at 45 Bromfield Street, Boston. There were present: Miss Larson, Chairman, Miss Mahoney, Miss Ballam, Miss Farrisey, Miss Johnson, Mrs. Hackett, Mrs. O'Brien, Miss Hager, PHN at Burbank Hospital and Simmons student, representing Miss Updegraff, Miss Sullivan, and Miss Welsh.

The minutes of the last meeting were approved as sent out. Miss Larson reported that the sub-committee of this Committee had held three meetings (June 14, 24, and 30) since June 8. They reviewed the "Suggested responsibilities of the school of nursing in the preparation of the student nurse for the one day community observation," and it was presented to the group as "The Orientation to the One Day Observation with a Community Agency" (Outline A). An effort was made to organize material related to the experience of the student nurse at the community agency. This material was presented to the Committee for discussion.

Outline A, "Orientation to the One Day Observation with a Community Agency," included changes that had been made by the Health Department and the School Department. Miss Johnson suggested a stronger title for this outline. She felt that something was missing between the title and the introductory statement. After general discussion, it was decided to consider "Preparation by the Schools of Nursing of the Student Nurse for the One Day of Observation with a Community Agency" for the title. It was also suggested that this outline include specific items to be considered under VI, Specific directions and information for the experience. Miss Welsh asked if each agency should send directions for travel to the hospitals. It was thought that this would be too much for the agencies to handle but that specific requests would, of course, be answered.

Outline B, which has to do with the experience of the student nurse with the community agency, was then discussed. Miss Larson explained that this was done very hurriedly and that suggestions or criticisms would be welcome. Miss Wedgwood stated that she would like to break-down her part of the outline a little more. Following "Sources of Referral" under Roman Numeral III, it was decided to add -- Relationships with other health and welfare agencies. Under Roman Numeral VII, the type of nursing service, the introduction of the nurse to the family, and the conference after the home visit were questioned. It was decided to have the small committee work on these outlines before this Committee meets again.

Miss Larson asked the three agencies to think about the specific experiences provided by each agency and send it to her by the first of September.

The meeting adjourned at 5:00 p.m.

Dorothy S. Hayward, R.N.
Secretary

C.G.

GREATER BOSTON NURSING COUNCIL 7/48
Committee on Integration

Outline B
Integration

OUTLINE B -- The Experience of the Student Nurse with the Community Agency.

Each agency assumes that each student will have been given the content of Outline A before the observation experience. Each agency is to use its own discretion in deciding the amount of time to be spent for the orientation of ~~the~~ the terminal conference with the student -- from 30 to 60 minutes. In order to minimize the time spent in conference with the student, problems which can be discussed by the School of Nursing Instructor should be referred to her.

A. Experiences common to the three agencies.
   I. Brief explanation of general set-up and introduction to personnel as needed.
      Tour of health facility if time permits.
   II. Highlights of the geographic area to be observed.
      i.e. Housing, population, problems peculiar to that area.
   III. Sources of referral. Interrelationship of health + social agencies
   IV. Financial support.
   V. Nurse-patient relationship in the home.
   VI. Some understanding of the patient and/or student, and family health services offered during a day by a public health nurse.
   V. Home visits.
      a. Selection of cases for observation.
         1. The type of nursing service.
         2. Social aspects of family health (When possible, the most discouraging types should be avoided.)
         3. Interest of patient and/or family and attitude toward nurse's teaching.
         4. Type of observer--student's level in school.
         5. Importance of first impressions of undergraduate nurses who are having this experience for the first time.
      b. Preparation for observation.
         1. Brief explanation by the public health nurse of her preparation for field visits, contacts with teachers, social worker, physicians, etc.
         2. Observer read record of visits to be visited.
         3. Explanation of plan for individual patient and/or family - how referred-why visits necessary.
         4. Observation of preparation of bag or records for field visits.
         5. Conference on route to home may include -
            a. Explanation of district in which patient lives.
            b. Items #1 and #3 above.
            c. Encouragement of observer to ask questions and to give impressions so that any confustion may be clarified.
      c. The home visit
         1. Introduction of visitor to family, explaining who the observer is and where she is from.

d. Conference after day of observation home visit.
   1. Call the attention of observer to purpose of nurse in directing conversation, techniques used - why attention directed to some things while other important things seemingly overlooked.
   2. Ascertain when possible the general impression nurse has before she returns to hospital. Give necessary interpretation.

B. Specific experiences provided by each agency.
   I. City of Boston, Department of Health, Division of Public Health Nursing.
      a. Visit to Parochial or Nursery School.
      b. Home visits - at least two.
         Preference in home visits should be given in families where more than one service may be observed.
            Communicable Disease
            Well-Baby and Preschool
            Tuberculosis
            Parochial School Child for correction of defects.
      c. Observation at a Well-Baby Conference or Tuberculosis Clinic.

Integration
Oct. 1 - 48
23

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

October 1, 1948
3:30 p.m.

The Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on Friday, October 1, 3:30 p.m. at 45 Bromfield Street, Boston. Those present were: Miss Norma Larson, Chairman, Miss Elizabeth Hart, Miss Betty Updegraff, Miss Mary E. Welsh, Miss Evelyn Rosen, Miss Margaret Fessenden, Miss Sally Johnson, Sister Clement Mary, Sister Maurastella, Miss Phyllis Caswell, Miss Ruth Ballam, Miss Mary A. O'Brien, Miss Ruth Farrisey, Miss Elizabeth Porter, Miss Madeline Mahoney, and Mrs. Dorothy Hayward.

The meeting was called to order by the Chairman and Mrs. Hayward introduced the new members to the committee. Miss Larson gave a brief resume of what had been accomplished by the committee to date. She also asked the committee's opinion on the following suggestions for the next topic to be discussed:

1. Should we consider the follow-up of this experience in the schools of nursing?

2. Should we have a bibliography on integration for the use of other schools of nursing and public health nursing agencies who are not represented here?

3. Should we consider a day of observation for public health nursing integrators with the three community agencies?

4. Should we consider ward teaching programs, out-patient department nursing, and nursing care studies in relation to integration?

Mrs. Hayward read the minutes of the last meeting and they were approved as sent out to the members of the committee.

Outline A was discussed next. Small sheets, which included suggestions for this outline, were passed out to each member. The original title, "Orientation to the One Day Observation with a Community Agency" was changed to read, "Preparation of the Student Nurse by the School of Nursing for the One Day of Observation with a Community Agency." The committee discussed various other changes for Outline A which will be included and presented in its completed form at the next meeting. One question brought up was whether the student's written paper should be a report, an evaluation, or an impression of her day's experience. Miss Farrisey felt that they should choose one thing which impressed them, put it down on paper, and write about it. She also stated that a report in verbal form is of more value than a written report. The committee then discussed the number of hours required to use this outline. It was agreed that more than one hour is needed, and Miss Johnson felt that the schools of nursing should certainly give at least two hours for this preparation. The introductory statement of Outline A was changed "from one to two hours" to read, "It is recommended that at least two hours will be allocated for the preparation of the student." Miss Farrisey then showed the members present the excellent teaching aids she has for her classes. The Health Department made a few changes to Section IV which will be included in the completed form.

Outline B, "The Experience of the Student Nurse with the Community Agency," was taken up next. Miss Welsh passed out her outline regarding this, and explained each section to the members. The committee commented on the excellent outline and made a few suggestions. Miss Larson said that the experience with the Visiting Nurse Association and with the School Department will be taken up another time.

The Chairman then asked for the opinion of the group regarding the suggestions she made earlier in the meeting. It was agreed to consider the follow-up of this experience in the schools of nursing and to have a bibliography on integration available at the Nursing Council. It was agreed that the Committee on Allocation would receive a written notice concerning the public health nursing integrators wishing to observe with one or more community agencies. Mrs. Hayward announced that Public Health Nursing Week would not be observed next year.

The meeting adjourned at 5:10 p.m.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

C.G.

Miss Welch

Oct-1-1948

Collins
Library Obs -

Integration

THE GREATER BOSTON NURSING COUNCIL
COMMITTEE ON INTERGRATION

OUTLINE FOR ONE DAY OBSERVATION
WITH
BOSTON HEALTH DEPARTMENT

MAIN OBJECTIVE

To understand better the part played by the home and the community in the promotion of health, prevention of disease and care of the sick.

CONTRIBUTING OBJECTIVES

1. To develop in the student an appreciation of the roll nursing plays in the continuity of medical care.

2. By gaining a brief glimpse of the work of a community agency and its value.

3. An appreciation of the social and economic factors which influence the health of individuals and families in the community.

4. To give the student an understanding of the patient as an individual and of individual factors (situations) in the hospital, home, and community affecting his health.

5. To develop an awareness of the nurses' responsibility in maintaining health and preventing disease.

OUTLINE FOR ON DAY OBSERVATION

1. Brief explanation of the general set-up and introduction to personnel as needed. (See Outline A - The Hospitals Part)

2. Highlights of the geographic area to be observed.

i.e. Housing and population problems peculiar to your district. (See Chart at Haymarket)

3. Sources of referrals.

i.e. Birth Certificates

Premature Infants

Sherborn Reformatory

THE GREATER BOSTON NURSING COUNCIL
COMMITTEE ON INTEGRATION

OUTLINE FOR ONE DAY OBSERVATION
WITH
BOSTON HEALTH DEPARTMENT

MAIN OBJECTIVE

To understand better the part played by the home and the community in the promotion of health, prevention of diseases and care of the sick.

CONTRIBUTING OBJECTIVES

1. To develop in the student an appreciation of the roll nursing plays in the continuity of medical care.

2. By gaining a brief glimpse of the work of a community agency and its value.

3. An appreciation of the social and economic factors which influence the health of individuals and families in the community.

4. To give the student an understanding of the patient as an individual and of individual factors (attitudes) in the hospital, home, and community affecting his health.

5. To develop an awareness of the nurses' responsibility in maintaining health and preventing diseases.

OUTLINE FOR ON DAY OBSERVATION

1. Brief explanation of the general set-up and introduction to personnel as needed. (See Outline A - The Hospitals Part)

2. Highlights of the geographic area to be observed.

i.e. Housing and population problems peculiar to your district. (See Chart at Haymarket)

3. Sources of referrals.

i.e. - Birth Certificates

Premature Infants

Shelters Referrals

Sources of referrals (con't)

Communicable Disease

Tuberculosis

Schools

Interagency Referrals

4. Financial support.

5. The Nursing Division as only a part of the total Health Department Program. (See poster)

6. Activities delegated by law.

Diseases Dangerous to Public Health

Prematurely Born Infants

Diagnosis and Treatment for Tuberculosis

Public School Laws - adhered to by Parochial Schools

Laws governing Housing - Sanitation - Food

The above conference may not exceed twenty minutes and may be done by the supervisor or a staff nurse. to visit on visit y.a.m.

Lunch time 12:30 to 1:30 P.M.

7. Well Baby Conference.

Student to observe each activity.

i.e. Admissions

History Taking

Weighing and Measuring

Physical Examination

Immunizations

Vaccination Readings

Nurse instruction in interpreting physician's orders or any other teaching activity in the clinic.

8. Tour of Health Unit with a brief explanation of inter-

The Greater Boston Nursing Council
Committee on Interpretation
Outline for One Day Observation - B.U.D.

Sources of referrals (con't)

Communicable Disease

Tuberculosis

Schools

Interagency Referrals

4. Financial support.

5. The Nursing Division as only a part of the total Health Department Program. (See poster)

6. Activities delegated by law.

Diseases Dangerous to Public Health

Prematurely Born Infants

Diagnosis and Treatment for Tuberculosis

Public School Laws - adhered to by Parochial Schools

Laws governing Housing - Sanitation - Food

The above conference may not exceed twenty minutes and may be done by the supervisor or a staff nurse.

Lunch time 12:30 to 1:30 P.M.

7. Well Baby Conference.

Student to observe each activity.

1.e. Admissions

History Taking

Weighing and Measuring

Physical Examination

Immunizations

Vaccination Readings

Nurse instruction in interpreting physician's orders or any other teaching activity in the clinic.

8. Tour of Health Unit with a brief explanation of inter-

relationship of health and social agencies.

9. Conference with students by supervising nurse (not to exceed thirty minutes.)

Discussion of day's observation in the light of the objectives.

Clear up any misconceptions.

Answer any questions, if time does not permit refer them to Public Health Intergrator, at hospital.

PREPARATION FOR HOME VISITS

a. Selection of case for observation.

1. Type of cases for observation

Child Hygiene

Tuberculosis

Communicable Disease

Parochial School Follow-up

At least three home visits if possible.

It is suggested that selection be made in a family where more than one service is represented.

2. In selection of cases for observation consider the social aspects of family health (when possible the most discouraging type should be avoided.)

3. Consider interest of patient and family and attitude towards teaching.

4. Consider the type of observe, the student's Level in school.

relationship of health and social agencies.

9. Conference with students by supervising nurse (not to exceed thirty minutes.)

Discussion of day's observation in the light of the objectives.

Clear up any misconceptions.

Answer any questions, if time does not permit refer them to Public Health Interpretor, at hospital.

PREPARATION FOR HOME VISITS

a. Selection of case for observation.

1. Type of cases for observation

Child Hygiene

Tuberculosis

Communicable Disease

Parochial School Follow-up

At least three home visits if possible.

It is suggested that selection be made in a family where more than one service is represented.

2. In selection of cases for observation consider the social aspects of family health (when possible the most discouraging type should be avoided.)

3. Consider interest of patient and family and attitude towards teaching.

4. Consider the type of observe, the student's level in school.

5. Consider the importance of first impressions of undergraduates who are having this experience for the first time.

b. Preparation for observation.

1. Brief explanation by the Public Health Nurse of her preparation for field visits, contacts with teachers, social workers, physicians, etc.
2. Observer to read record of family to be visited.
3. Explanation of plan for individual patient or family, how referred, why visits are necessary. Importance of gaining the confidence of the family for long time supervision and teaching.
4. Observation of preparation of bag or records for field visits.
5. Conference en route to home may include -
   a. Explanation of district in which patient lives.
   b. Encouragement of observer to ask questions and give impressions so that any confusion may be clarified.

c. The home visit.

1. Introduction of the visitor, explaining that the observer is a nurse and what hospital she is from.

d. Conference after home visit.

1. Call the attention of observer to the purpose of nurse in directing conversation.
   Why it is important to gain the confidence of the family for continued health supervision and teaching

5. Consider the importance of first impressions of undergraduates who are having this experience for the first time.

b. Preparation for observation.

1. Brief explanation by the Public Health Nurse of her preparation for field visits, contacts with teachers, social workers, physicians, etc.

2. Observer to read record of family to be visited.

3. Explanation of plan for individual patient or family, how referred, why visits are necessary. Importance of gaining the confidence of the family for long time supervision and teaching.

4. Observation of preparation of bag or records for field visits.

5. Conference en route to home may include -

a. Explanation of district in which patient lives.

b. Encouragement of observer to ask questions and give impressions so that any confusion may be clarified.

c. The home visit.

1. Introduction of the visitor, explaining that the observer is a nurse and what hospital she is from.

d. Conference after home visit.

1. Call the attention of observer to the purpose of nurse in directing conversation.

Why it is important to gain the confidence of the family for continued health supervision and teaching

for long periods of time.

2. Ascertain when possible the general impression that the nurse has before she returns to the hospital. Give necessary interpretation.

MEW:JOF

for long periods of time.

2. Ascertain when possible the general impression that the nurse has before she returns to the hospital. Give necessary interpretation.

MEW:JOF

Integration
Oct. 19-1948

24

GREATER BOSTON NURSING COUNCIL

Committee on Integration

The Preparation of the Student Nurse by the School of Nursing
for the One Day Observation with a Community Agency

(Outline A)

Introductory Statement

It is not expected that one member of the school of nursing faculty will be solely responsible for giving to the student the entire content of this orientation outline. All theoretical and clinical instructors who teach the student prior to this experience should have made some contribution. It should be understood that this observation is only one of many in the basic program for the integration of the social and health aspects of nursing.

It is recommended that at least two hours should be allocated for the discussion and review of the items suggested in this outline.

Recommended Teaching Aids

1. Up-to-date information pertaining to the Public Health Nursing Agencies may be obtained at the Greater Boston Nursing Council.

2. Boston's Health in 19-- (published yearly)

3. Maps showing the comparison of 63 neighborhoods of the City of Boston as to housing, health, economic security, educational achievement, and social breakdown involving children.

4. Directory of Social Service Resources of Greater Boston (published yearly)

5. Boston House Numbers by Census Tract (free)

6. The following reference material may be used in the Greater Boston Community Council office:

   a. Area Fact Books.
   b. Comparisons of Fifty Towns -- favorability rating.
   c. Indicative Population Trends as compiled by the State Planning Board.
   d. Census Data.
   e. Health and Welfare Data of Boston and Surrounding areas. (Harvard Statistics are available.)

7. Watch for the publication of the Greater Boston Health Survey results.

8. Consult the Community Studies Section of the Research Bureau of the Greater Boston Community Council for further information regarding specific problems which may have been or are now under study.

October 19, 1948

October 19, 1948

OUTLINE A

Each student should have:

I. A knowledge of the objectives of the experience with an understanding of the purpose, planning, and application of the observation program in the Greater Boston Area.

II. Some understanding of the individual and the family in community life.

III. General knowledge of community services and facilities for the promotion of public well-being.

A. Adequate housing and community sanitation -- the private and public agencies.
B. The Fire and Police Departments and the Boston Protective Association.
C. Shopping Facilities for food, clothing, etc.
D. Educational facilities including schools, libraries.
E. Rehabilitation facilities and settlement houses.
F. Religious facilities.
G. Recreational facilities.
H. Social agencies -- the general purpose of such agencies.
I. Health agencies and facilities.
1. The private physician.
2. The dentist and dental clinics.
3. Medical care in clinics and other plans for those unable to afford private care.
4. Hospitals and Outpatient Departments.
5. Rehabilitation Centers.
6. Health Units.
7. Convalescent, nursing, foster, and baby boarding homes.
8. Nursing Services including public health nursing.
a. Knowledge pertaining to the field of Public Health Nursing.
An organized service to all the people in the community necessitating physicians' approval and orders.
A nursing service cooperating with all the health and social agencies in the community.
J. Referral plans.

IV. A knowledge of the Public Health Nursing Agencies to be visited.

A. <u>City of Boston, Department of Health</u>
1. A summary of the history of the Department of Health.
2. The organization of the department
the type of agency
the financial support of that agency
3. The Health Units and Purpose and History
4. The responsibilities of the department as delegated by law,
a. Communicable disease control including venereal disease.

b. Housing and Sanitation -- Food and Milk Inspection.
c. Health Education.
d. Tuberculosis services including Mass. X-Ray Program.
e. Health Education.
f. Vital Statistics.
g. Licensing.
h. Nutrition.
i. Bacteriological Laboratory.
j. Dental Clinics.
k. Eye Clinics.
l. Brighton Abattoir.

5. The Division of Public Health Nursing.
   a. The size of the staff.
   b. The functions of the Public Health Nurses in assisting with each department's responsibilities in prevention of disease and promotion of health.
      Supervision and teaching in the homes.
      Participation in group supervision and teaching.
         Well Baby Conferences
         Tuberculosis Clinics
         Dental Clinics
      Supervision and teaching in the schools.
         Nursery Schools - Day Nurseries
         Parochial Schools
         Accompanying patients to Tuberculosis Sanatoriums.

B. <u>The City of Boston Department of School Hygiene, Nursing Division.</u>

1. A summary of the history of the Agency.
2. The organization of the agency
   type of agency
   financial support
   the size of the staff
3. The responsibilities of the department as delegated by law.
4. The part of the school nurse in the overall school health program.
   a. Health Service (refer to School Nursing Policies)
      Health education, Health appraisal, Health inspection, Health protection, and follow-up.
   b. Provisions for healthful school living.
      Healthful school environment
      Factors: lighting, heating, sanitation, ventilation, seating, (child with physical handicap should be seated advantageously in classroom or placed in a class of specialized instruction.)
   c. Hygienic arrangement of school day is made so that --
      The child may live healthfully from a physical, social, and emotional standpoint.
      Work demanding the greatest concentration is done in the morning.
      Mid-morning milk is served daily and a hot noon luncheon is served in Junior High Schools.

d. Classes of Specialized Instruction.
Sight Conservation, Lip reading, Speech improvement, Remedial Reading, Special classes for the mentally retarded, Home instruction for the handicapped child unable to attend school.
e. Physical Education Program.
f. Health and Safety Program.
g. Other activities.
Conferences and referrals by the school nurse.
Special school department cares for the child presenting emotional or social maladjustment.

C. The Visiting Nurse Association of Boston
1. A summary of the history of the Agency.
2. The organization of the agency
type of agency
financial support
patient's fees
the size of the staff.
3. The services offered to the community.
a. Skilled nursing care to the sick in their homes.
b. Instruction in the prevention of illness and family health problems.
c. The promotion of health in any way possible.
Morbidity Nursing Service -- acute and chronic.
Maternity Nursing Service -- antepartum, intrapartum and postpartum care.
Mothers' clubs.
Orthopedic nursing service.
Nutrition teaching including food classes.
Occupational Therapy.
Mental Hygiene.
Social Hygiene.
Special Services.

V. A comprehension of the outstanding health and social problems in the City of Boston.

A. The infant mortality rate.
B. The tuberculosis rate.
C. Educational achievement in the Boston community.
D. Other indices
See: Teaching aids -- Maps
Boston's Health in 1946

VI. General directions and information for the experience.

A. The appropriate dress for the day.
B. The directions to the agency.
C. The day's time schedule.
D. The expense of the day.
E. The written assignment.

Important - Oct-19-48

Integration

25

GREATER BOSTON NURSING COUNCIL

Committee on Integration

Outline A approved

The Preparation of the Student Nurse by the School of Nursing for the One Day Observation with a Community Agency

(Outline A)

Introductory Statement

It is not expected that one member of the school of nursing faculty will be solely responsible for giving to the student the entire content of this orientation outline. All theoretical and clinical instructors who teach the student prior to this experience should have made some contribution. It should be understood that this observation is only one of many in the basic program for the integration of the social and health aspects of nursing.

It is recommended that at least two hours should be allocated for the discussion and review of the items suggested in this outline.

Recommended Teaching Aids

1. Up-to-date information pertaining to the Public Health Nursing Agencies may be obtained at the Greater Boston Nursing Council.

2. Boston's Health in 19-- (published yearly)

3. Maps showing the comparison of 63 neighborhoods of the City of Boston as to housing, health, economic security, educational achievement, and social breakdown involving children.

4. Directory of Social Service Resources of Greater Boston (published yearly)

5. Boston House Numbers by Census Tract (free)

6. The following reference material may be used in the Greater Boston Community Council office:

a. Area Fact Books.
b. Comparisons of Fifty Towns -- favorability rating.
c. Indicative Population Trends as compiled by the State Planning Board.
d. Census Data.
e. Health and Welfare Data of Boston and Surrounding areas. (Harvard Statistics are available.)

7. Watch for the publication of the Greater Boston Health Survey results.

8. Consult the Community Studies Section of the Research Bureau of the Greater Boston Community Council for further information regarding specific problems which may have been or are now under study.

October 19, 1948

October 19, 1948

OUTLINE A

Each student should have:

I. A knowledge of the objectives of the experience with an understanding of the purpose, planning, and application of the observation program in the Greater Boston Area.

II. Some understanding of the individual and the family in community life.

III. General knowledge of community services and facilities for the promotion of public well-being.

- A. Adequate housing and community sanitation -- the private and public agencies.
- B. The Fire and Police Departments and the Boston Protective Association.
- C. Shopping Facilities for food, clothing, etc.
- D. Educational facilities including schools, libraries.
- E. Rehabilitation facilities and settlement houses.
- F. Religious facilities.
- G. Recreational facilities.
- H. Social agencies -- the general purpose of such agencies.
- I. Health agencies and facilities.
  1. The private physician.
  2. The dentist and dental clinics.
  3. Medical care in clinics and other plans for those unable to afford private care.
  4. Hospitals and Outpatient Departments.
  5. Rehabilitation Centers.
  6. Health Units.
  7. Convalescent, nursing, foster, and baby boarding homes.
  8. Nursing Services including public health nursing.
     - a. Knowledge pertaining to the field of Public Health Nursing.

       An organized service to all the people in the community necessitating physicians' approval and orders.

       A nursing service cooperating with all the health and social agencies in the community.
- J. Referral plans.

IV. A knowledge of the Public Health Nursing Agencies to be visited.

- A. <u>City of Boston, Department of Health</u>
  1. A summary of the history of the Department of Health.
  2. The organization of the department
     - the type of agency
     - the financial support of that agency
  3. The Health Units and Purpose and History
  4. The responsibilities of the department as delegated by law.
     - a. Communicable disease control including venereal disease.

b. Housing and Sanitation -- Food and Milk Inspection.
c. Health Education.
d. Tuberculosis services including Mass. X-Ray Program.
e. Health Education.
f. Vital Statistics.
g. Licensing.
h. Nutrition.
i. Bacteriological Laboratory.
j. Dental Clinics.
k. Eye Clinics.
l. Brighton Abattoir.

5. The Division of Public Health Nursing.
   a. The size of the staff.
   b. The functions of the Public Health Nurses in assisting with each department's responsibilities in prevention of disease and promotion of health.
      Supervision and teaching in the homes.
      Participation in group supervision and teaching.
         Well Baby Conferences
         Tuberculosis Clinics
         Dental Clinics
      Supervision and teaching in the schools.
         Nursery Schools - Day Nurseries
         Parochial Schools
         Accompanying patients to Tuberculosis Sanatoriums.

B. <u>The City of Boston Department of School Hygiene, Nursing Division.</u>

1. A summary of the history of the Agency.
2. The organization of the agency
   type of agency
   financial support
   the size of the staff
3. The responsibilities of the department as delegated by law.
4. The part of the school nurse in the overall school health program,
   a. Health Service (refer to School Nursing Policies)
      Health education, Health appraisal, Health inspection, Health protection, and follow-up.
   b. Provisions for healthful school living.
      Healthful school environment
      Factors: lighting, heating, sanitation, ventilation, seating, (child with physical handicap should be seated advantageously in classroom or placed in a class of specialized instruction.)
   c. Hygienic arrangement of school day is made so that --
      The child may live healthfully from a physical, social, and emotional standpoint.
      Work demanding the greatest concentration is done in the morning.
      Mid-morning milk is served daily and a hot noon luncheon is served in Junior High Schools.

d. Classes of Specialized Instruction.
Sight Conservation, Lip reading, Speech improvement, Remedial Reading, Special classes for the mentally retarded, Home instruction for the handicapped child unable to attend school.
e. Physical Education Program.
f. Health and Safety Program.
g. Other activities.
Conferences and referrals by the school nurse.
Special school department cares for the child presenting emotional or social maladjustment.

C. The Visiting Nurse Association of Boston
1. A summary of the history of the Agency.
2. The organization of the agency
type of agency
financial support
patient's fees
the size of the staff.
3. The services offered to the community.
a. Skilled nursing care to the sick in their homes.
b. Instruction in the prevention of illness and family health problems.
c. The promotion of health in any way possible.
Morbidity Nursing Service -- acute and chronic.
Maternity Nursing Service -- antepartum, intrapartum and postpartum care.
Mothers' clubs.
Orthopedic nursing service.
Nutrition teaching including food classes.
Occupational Therapy.
Mental Hygiene.
Social Hygiene.
Special Services.

V. A comprehension of the outstanding health and social problems in the City of Boston.

A. The infant mortality rate.
B. The tuberculosis rate.
C. Educational achievement in the Boston community.
D. Other indices
See: Teaching aids -- Maps
Boston's Health in 1946

VI. General directions and information for the observation.

A. The appropriate dress for the day.
B. The directions to the agency.
C. The day's time schedule.
D. The expense of the day.
E. The written assignment.

d. Classes of Specialized Instruction.
Sight Conservation, Lip reading, Speech improvement, Special Reading, Special classes for the mentally retarded, home instruction for the handicapped child unable to attend school.
e. Physical Education Program.
f. Health and Safety Program.
g. Other activities.
Conferences and referrals by the school nurse.
Special school department cases for the child presenting emotional or social maladjustment.

6. The Visiting Nurse Association of Boston
a. A summary of the history of the agency.
b. The organization of the agency
type of agency
financial support
potential jobs
the size of the staff.
c. The services offered to the community.
a. Skilled nursing care to the sick in their homes.
b. Instruction in the prevention of illness and family health problems.
c. The promotion of health in any way possible.
Medically directed service -- radio and electric.
Maternity nursing service -- antepartum, intrapartum and postpartum care.
Mothers' clinic.
Orthopedic nursing service.
Nutrition teaching including food classes.
Occupational Therapy.
Mental Hygiene.
Social Hygiene.
Special Services.

7. A comprehension of the outstanding health and social problems in the City of Boston.
A. The infant mortality rate.
B. The tuberculosis rate.
C. Educational achievement in the Boston community.
D. Other indices
Doc. Teaching aids -- Maps
Boston's Health in 1946

8. General directions and information for the observation.
A. The appropriate dress for the day.
B. The directions to the agency.
C. The daily time schedules.
D. The expense of the day.
E. The written assignment.

Integration Oct 28-48

26

GREATER BOSTON NURSING COUNCIL

MINUTES OF THE INTEGRATION COMMITTEE MEETING

October 28, 1948
2:00 p.m.

There was a meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Thursday, October 28, 2:00 p.m. at 45 Bromfield Street, Boston. Those present were: Miss Norma Larson, Chairman, Miss Ruth Ballam, Mrs. Ruth Chester, Miss Eileen Enright representing Sister Maurastella, Mrs. Helen Hackett, Miss Elizabeth Hart, Miss Alton Kalian, Miss Madeleine McCarthy, Mrs. Mary O'Brien, Miss Evelyn Rosen, Miss Betty Updegraff, and Miss Mary Welsh.

MINUTES OF THE LAST MEETING

Miss Larson introduced the members present and read the minutes of the last meeting. These were accepted as mailed to the members.

OBSERVATION FOR PUBLIC HEALTH NURSING INSTRUCTORS

The Chairman asked the group to notify Miss Welsh at the Boston Health Department when they would like to observe with the public health nursing agencies, stating the day and the agency or agencies they wish to visit. She would like this by Nov.12.

REPORT ON THE MEETING OF THE COMMITTEE TO CONSIDER OBSERVATION AND AFFILIATION FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

Miss Larson stated that a meeting of the overall committee to Consider Observation and Affiliation for Students and Graduates in Public Health Nursing had been held on October 21. Mrs. O'Brien attended this meeting for Miss Larson and presented the Chairman's progress report covering the months of May - October. Mrs. O'Brien stated that the committee approved the Objectives of the Student Nurse's One Day of Observation with a Community Agency, after making a few changes to the contributing objectives (1) and (3). Outline A was also presented for approval, and although it was not reviewed word by word, it was the opinion of the group that it contained much valuable information. Mrs. O'Brien reported it was also decided at this meeting that a student should not leave to go back to classes after her day of observation. A general discussion then followed regarding the interest of nurses in Public Health Nursing since the overall committee seemed to feel that students do not know very much about the field of public health. It was pointed out that many students, who have had only the one day of observation, are very much interested in public health nursing. Miss Updegraff questioned the addition of "his relation to the family" in Objective #3, and after discussion on this, it was agreed to have these objectives and Outline A stand as approved by the Committee to Consider Observation and Affiliation for Students and Graduates in Public Health Nursing.

OUTLINE OF THE VISITING NURSE ASSOCIATION

The Chairman then asked Miss Ballam to present her outline regarding the experience with the Visiting Nurse Association. Miss Ballam explained that it is in no way permanent and would welcome any suggestions the group had to offer. She stated that the outline is based upon the general objectives. Miss Ballam questioned whether a

BOSTON METRO AUXILIARY COUNCIL

MINUTES OF THE INFORMATION COMMITTEE MEETING

October 28, 1949
8:00 p.m.

There was a meeting of the Committee on Interpretation of the Mental and Health Aspects of Nursing in the Basin Corporation on Thursday, October 28, 1949 p.m. at 49 Franklin Street, Boston. Those present were: Miss Susan Larson, Chairman; Miss Ruth Fallon, Mrs. Ruth Clement, Miss Eileen Murphy representing Metropolitan, Mrs. Helen Lawler, Miss Elizabeth Burke, Mrs. Alice Kellen, Miss Katherine McCarthy, Mrs. Mary Griffin, Mrs. Helen Jones, Miss Betty Fitzgerald, and Miss Mary Nolan.

MINUTES OF THE LAST MEETING

Miss Larson introduced the matters contained in the minutes of the last meeting. These were accepted as read by the members.

OBSERVATION FOR PUBLIC HEALTH NURSING INSTRUCTORS

The Chairman asked the group to notify Miss Nolan at the Boston Health Department when they would like to observe with the public health nursing supervisor, stating the day and the agency or agencies they wish to visit. She will take care of it.

REPORT ON THE ACTIVITIES OF THE COMMITTEE TO DATE-PROMOTION, CONSERVATION AND AUXILIARIZATION FOR PATIENTS AND ORGANIZATIONS IN PUBLIC HEALTH NURSING

Miss Larson stated that a meeting of the overall committee to Consider Conservation and Auxiliarization for Students and Graduates in Public Health Nursing had been held on October 21. Mrs. Griffin attended this meeting for Miss Larson and presented the Committee's proposal covering the meeting of Sept. 7 October. Mrs. Griffin stated that the committee approved the proposals of the Students Nurses Organization, a Community Agency, after making a few changes to the constituting objectives (1) and (3). Objective A was also presented for approval, and although it was not reviewed word by word, it was the opinion of the group that it contained much valuable information. Mrs. Griffin reported it was also decided at this meeting that a student should not have to go back to classes after her day of observation. A general discussion then followed regarding the interest of nurses in public health nursing since the overall committee wished to feel that students do not know very much about the field of public health. It was pointed out that many students, who have had only the one day of observation, are very much interested in public health nursing. Miss Hedgepeth questioned the addition of this relation to the Committee's objective (A), and after discussion on this, it was agreed to have these objectives read: Objective A would be approved by the Committee to Consider Conservation and Auxiliarization for Students and Graduates in Public Health Nursing.

OUTLINE OF THE VISITING NURSE ASSOCIATION

The Chairman then asked Miss Nolan to present her outline regarding the experience with the Visiting Nurse Association. Miss Nolan explained that it is in no way permanent and would welcome any suggestions the group had to offer. She stated that the outline is based upon the general objectives. Miss Nolan mentioned whether a

day observer got enough out of a prenatal visit, and it was the opinion of the group that the impression she receives is very valuable. The question was also brought up about the demonstration of the bag for the field visit. It was felt that a brief explanation of each article in the bag should be given to the student by the public health nurse. Under "The Home Visit," it was felt that the visitor should not get too concerned with assisting and lose sight of related conditions. The observation experience will be improved if the public health nurse knows who the observer is and what she has had in the hospital. It was decided to have a mimeographed form given to the student at the time of her orientation in the school of nursing. This form will be presented to the public health nurse and will contain the student's name, year, services she has had, and such subjects as sociology, psychology, etc. In the title, "Conference after Home Visit," it was decided to have it read, "Whenever possible, the conference should be conducted by the supervisor, assistant supervisor, or senior staff nurse." It was also agreed to take out the line stating, "Sources of referral - hospital, families, private physician, etc." under Orientation of Observer to V. N. A. The committee considered this an excellent outline and stated that it can be used immediately.

FOR THE NEXT MEETING

The Chairman asked the members to think about a bibliography on integration, and what should be done about the follow-up. She asked that they send the follow-up suggestions to Mrs. Hayward.

The meeting was adjourned at 3:40 p.m.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

C.G.

day observer got enough out of a prenatal visit, and it was the opinion of the group that the impression she received is very valuable. The question was also brought up about the demonstration of the bag for the field visit. It was felt that a brief explanation of such articles in the bag should be given to the students by the public health nurse. Under "The Home Visit," it was felt that the visitor should not get too concerned with assisting and long night of regular conditions. The observation experience will be improved if the public health nurse has the observer in and what she has had in the hospital. It was decided to have a mimeographed form given to the student on the time of her orientation in the method of nursing. This form will be presented to the public health nurse and will contain the student's name, year, service she has had, and such subjects as pediatrics, psychology, etc. In the title, "Conference after Home Visit," it was decided to have it read, "Conference possible, the conference should be conducted by the supervisor, assistant supervisor, or senior staff nurse." It was also agreed to omit the line stating, "Sources of material - hospital, textbooks, public health nurse." Miss Dorothea Johnson offered to V. N. A. "The observer conferred this on assisting public and stated that it can be used immediately.

FOR THE NEXT MEETING

The Chairman asked the members to think about a bibliography on Immunization and what should be done about the follow-up. She noted that Miss Gray had the follow-up suggestions to Mrs. Bogert.

The meeting was adjourned at 3:45 p.m.

MRS. DOROTHY C. HAYNES, R.N.
SECRETARY

Int - Dec 1-4

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

27

December 1, 1948
3:30 p.m.

There was a meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum on Wednesday, December 1, 3:30 p.m. at 261 Franklin Street, Boston. There were present: Miss Norma Larson, Chairman, Miss Ruth Ballam, Miss Ethel Easter, Miss Alton Kalian, Miss Madeline Mahoney, Sister Maurastella, Miss Goddard, Mrs. Mary O'Brien, Miss Elizabeth Porter, Miss Betty Updegraff, Miss Mary Welsh, and Mrs. Hayward.

Before the opening of the meeting, Mrs. Hayward showed those present a set of 6 maps which were mounted on cardboard for display at the American Public Health Association. Three of these maps compare the death rate for over a number of years from Pulmonary Tuberculosis in Greater Boston, two compare the Infant Mortality Rates, and the other illustrates Housing in Boston by Neighborhoods. There was much interest shown in the maps, and Mrs. Hayward agreed to find out the cost for those who may be interested in buying them.

MINUTES OF THE LAST MEETING

The Chairman opened the meeting at 3:40 p.m., and on motion duly made and seconded, it was

VOTED: to omit reading the minutes of the last meeting and to accept them as mailed to the committee members.

OUTLINE OF THE SCHOOL DEPARTMENT

Miss Larson asked Miss Mahoney to present her outline regarding the day of observation with the Boston School Department. After giving the highlights of her outline, Miss Mahoney stated that the conference with the student is held at the end of the day, and that they try to have a nurse give students as much as possible of the outline. Miss Larson accepted the outline with appreciation and stated that it will be included with the outlines of the Visiting Nurse Association and the Boston Health Department to be part of Outline B.

BIBLIOGRAPHY ON INTEGRATION

A bibliography was discussed and the Chairman asked the members how specific they wanted this bibliography to be. It was suggested that a list of books, magazines articles, and pamphlets be made up with a brief review of each. It was felt by all that this would be very helpful, and it was agreed to have those present review a few books to start the list. This was distributed as follows:

Miss Updegraff - Administrative Aspects of Integration
Miss Hart - Faculty Preparation
Miss Porter - Heart Diseases
Miss Welsh - "Nursing in Modern Society" by Mary E. Chayer
Miss Ballam - Field Problems

Miss Kalian - Cancer, V. D.
Miss Mahoney - School Health Program
Mrs. O'Brien - Out-patient Department
Miss Easter - Medical Diseases Not Considered by Others
Mrs. Hayward - Oscar Ewing Report on the National Health Assembly
Sister Maurastella - Tuberculosis
Miss Larson - Communicable Diseases

It was pointed out that this bibliography will be a good source of material for teaching purposes, and it is hoped that it will go out to schools of nursing not represented in this committee.

FOLLOW-UP CONFERENCE

Miss Larson reported that the sub-committee held two meetings since the last meeting of this committee and has, to date, completed objectives and suggested methods for the follow-up conference of this one day of observation. This was presented to the committee for approval. The question was brought up as to whether or not the hospitals should continue to send the students' reports to the public health nursing agencies, and it was agreed that any reports which might be of particular interest to the agency should be sent to them at least twice a year. There was no further comment regarding suggestions for the follow-up conference, and the suggestions as presented by the sub-committee were accepted with appreciation.

WARD TEACHING PROGRAM

Miss Larson asked the group if they would like to consider the ward teaching program in the hospitals and just how the social and health aspects of nursing is fitting into this program. It was felt that this would be helpful, and for the next meeting the integrators will discuss what is being done about this in each hospital.

The meeting was adjourned at 4:45 p.m.

DOROTHY S. HAYWARD, R.N.
SECRETARY

CG

Assignment of Topics
for
Bibliography

Further on outline TA + B

Integration Dec. 29-48

28

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

December 29, 1948
3:30 p.m.

A meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum was held on Wednesday, December 29, 1948, 3:30 p.m., 261 Franklin Street, with Miss Norma Larson, Chairman, Miss Evelyn Rosen, Miss Ruth Farrisey, and Mrs. Dorothy Hayward.

The minutes of the last meeting were approved as sent out to each committee member.

Outline B has been completed, and Miss Larson asked for suggestions on the introductory statements as to order, terminology, necessity, etc. The only addition made was in the second paragraph -- the adding of the words "or taking concurrently" after "The courses completed . . ." The group present felt that this was an excellent outline, and it was agreed to mail it out (along with the outline for the follow-up conference) to the rest of the committee so that they may have a chance to look it over and pass final approval on it at the next meeting. It was also felt that the outlines which have been completed should be available for others who may wish it, and it was agreed that the Nursing Council would publish this information in various bulletins and publications.

There was no further discussion because of the small group present. The annotated bibliographies and ward teaching are to be considered at the next meeting.

Dorothy S. Hayward, R.N.
Secretary

C.G.

(Suggested form)

THE NAME OF THE SCHOOL OF NURSING

Information regarding student nurse who is to observe
with a community agency.

Agency: _____

Date to observe: _____

Student: _____

Number of months in school: _____

Experience in the following clinical services:

Medical Service	Pediatric Service
Surgical Service	Operating Room
Out-Patient Department	Psychiatric Service
Diet Kitchen	Communicable Disease Service
Maternity Service	Other:

Present assignment: _____

Courses completed or taking concurrently:

Sociology
Psychology
Sanitation

GREATER BOSTON NURSING COUNCIL

Committee on Integration

Follow-Up Conference in the School of Nursing on the
One Day Observation with a Community Agency

I. Objectives
   A. Direct the students' thinking about the individual experiences of the one day observation.
   B. Encourage their thinking toward the application of knowledge gained in the field to nursing in the hospital.
   C. Further interpret the effects of illness on patients, families, and communities.

II. Suggested methods toward accomplishment of objectives.
   A. Objective A.
      1. Review the general functions of Public Health Nursing Agencies observed.
      2. Discuss geographic areas in which observations occurred. (See favorability maps)
      3. Encourage students to recall the highlights of the day - assist in the interpretation of students' impressions.
   B. Objective B.
      1. Encourage students to contrast the meeting of total patient needs in the hospital and the home. (Use specific illustrations drawn from the experience).
         a. Discuss the role of the nurse as a teacher from the time of admission to discharge.
         b. Discuss the role of the nurse in the promotion of continuity of care with emphasis on the plan for discharge.
   C. Objective C.
      1. Discuss specific relationships of socio-economic factors in illness.

III. Suggested Plan for the follow-up conference.
   A. Allow one to two hours for the conference.
   B. Include student observers of each of the three agencies.
   C. Invite some other faculty members to attend, i.e. clinical supervisors, sociology instructor, nursing arts instructor, psychology instructor, nutritionist, head nurse.
   D. In preparation study the written assignments received following the one day observation.
   E. Use teaching aids (favorability maps, etc.) as listed in Outline A.
   F. Guide the discussion toward the objectives.

December - 1948

GREATER BOSTON NURSING COUNCIL

Committee on Integration

The Experience Provided by Each Community Agency for the

Student Nurse's One Day Observation

(Outline B)

Introductory Statements

Each community agency assumes that each student nurse will have been given the content of Outline A (The Preparation of the Student Nurse by the School of Nursing for the One Day Observation with a Community Agency) before the observation experience.

Each public health nurse should be informed of the following facts regarding the student who is to observe:

The student's name.
Year in the School of Nursing.
The hospital services on which the student has had experience.
The courses completed or taking concurrently -- closely related, such as, sociology, psychology, sanitation, etc.

It is suggested that each student be given a mimeographed form to fill out at the time of her orientation in the school of nursing and that this form be presented by the student or mailed to the public health nurse.

Each public health nurse with whom a student is to observe should have essential information regarding:

1. Policies and procedures of the agency.
2. Standards for nursing techniques and nursing care.
3. The objectives and the total program plan of the one day observation for student nurses.
4. Background of the observer. (see above)
5. The date of observation -- advance notice so that she may plan her work.

Each agency and/or each nurse with whom the student observes is to evaluate the situation and decide the amount of time to be spent for the orientation of and the terminal conference with the student -- from thirty to sixty minutes. In order to minimize the time spent in conference with the student, problems which can be discussed by the public health nursing integrator should be referred to her.

The following experience provisions have been presented to the committee by representatives from each agency:

I. City of Boston, Department of Health, Nursing Division

A. Orientation conference may be held by the supervisor or a staff nurse and is not to exceed twenty minutes.

1. Brief explanation of the general set-up and introduction to personnel as needed.
2. Highlights of the geographic area to be observed.
   i.e. Housing and population problems peculiar to the district.
3. Sources of referrals.
   i.e. Birth Certificates
   Premature Infants
   Sherborn Reformatory
   Communicable Disease
   Tuberculosis
   Schools
   Inter-agency Referrals
4. Financial support.
5. The Nursing Division as only a part of the total Health Department Program. (Use of poster)
6. Activities delegated by law.
   a. Diseases dangerous to public health
   b. Prematurely born infants
   c. Diagnosis and treatment for tuberculosis
   d. Public School Laws - adhered to by Parochial Schools
   e. Laws governing housing - sanitation - food

B. Visit to Parochial School or Nursery School.

C. Home Visits - At least three visits and more, if possible.

1. Preparation for home visits.
   a. Selection of case for observation.
      1. Type of cases for observation.

a) Child Hygiene	Infant Preschool School child
b) Tuberculosis	New cases Old arrested case Preparation for Sanatorium care

c) Communicable Diseases - (According to daily list)

d) It is suggested that selection be made in a family where more than one service is represented.

2. Selection should be made according to the following:

a) Social and evnironmental aspects affecting the health of the family. (Avoid the most discouraging type)

b) The interest of the patient and family and their attitude towards teaching.

c) Patient or family known to the observer or cared for by the observer in a particular hospital.

d) Consideration should be given to the observers level in the school of nursing.

e) Consideration should be given to the importance of first impressions of undergraduates who are having this experience for the first time.

b. Preparation for observation

1. Brief explanation by the Public Health Nurse and the purpose of her visit.

a) Policy and procedure for visiting

Communicable Disease
Tuberculosis
New Infants
Clinic Children
Parochial Schools
Contacts with other agencies

2. Observer to read record of family to be visited.

3. Explain the plan for individual patient by whom referred, brief review of previous visits and why visits are necessary. Explain the importance of gaining the confidence of the family for long time supervision and teaching.

4. Observation of preparation for visit, bag, records, literature for teaching purposes.

5. Conference en route to the home may include:

a) Explanation of district in which patient lives.
b) Encouragement of observer to ask questions and give impressions to clear up confusions.

2. The Home Visit

a. Introduction of the visitor, explaining that the observer is a nurse and what hospital she is from.

3. Conference after home visit

a. Call the attention of observer to the purpose of the nurse in directing conversation.

b. Reveal awareness of particular problems and reasons for not speaking about them during the visit.

c. Explain why it is important to gain the confidence of the family for continued health supervision and teaching for long periods of time.

d. Ascertain when possible the general impressions that the nurse has before she returns to the hospital.

e. Give the necessary interpretations.

D. Well Baby Conference.

1. Student to observe each activity.

a. Admissions
b. History Taking
c. Weighing and Measuring
d. Physical Examination
e. Immunizations
f. Vaccination Readings
g. Nurse instruction in interpreting physician's orders of any other teaching activity in clinic.

E. Tour of Health Unit with brief explanation of interrelationship of health and social agencies.

F. Conference with students by supervising nurse (not to exceed thirty minutes).

1. Discussion of day's observation in the light of the objectives.
2. Clear up any misconceptions.
3. Questions to be answered. If time does not permit this, questions to be referred to the hospital public health nursing integrator.

II. City of Boston, Department of School Hygiene, Nursing Division

A. Observation -- Observation of the following school nursing activities depends on the program for the day.

1. In the School

a. Nurse-Teacher relationships
b. Classroom inspections
c. Physical examinations
(1) Assistance with School Physician
(2) Weighing and measuring
(3) Vision and hearing testing
(4) Immunizations
d. Nurse-parent-pupil conferences
e. First Aid
f. Dental care
g. Classes for specialized instruction (if in building)
(1) Eye conservation
(2) Speech Improvement
(3) Lip Reading
h. Audiometer testing

2. In the Home

At least two home visits (with different reasons when possible).

3. In the Community

Visits to Social and Health Agencies (when the occasion arises)

B. Conference with student by the school nurse.
   1. Explanation of practical application of policies and procedures.
   2. Referral system.
   3. Recall of the objectives of the student's visit.
   4. Review of the student's notes.

III. The Visiting Nurse Association of Boston

A. Orientation of Observer to V.N.A.
   1. Introduction to office staff by supervisor or assistant as indicated.
   2. Conference with supervisor, assistant supervisor, or senior staff nurse, with coverage of the following:
      a. Brief explanation of general set-up
      b. Highlights of particular district - i.e. housing, population, problems peculiar to that area, etc.
      c. Philosophy of fee policy
      d. The significance of nurse-patient relationship in the home in contrast to that in the hospital.
      e. The public health nurse in family health service.

      Note: Conference time not to exceed 30 minutes.

B. Selection of Cases for observation.
   1. Observation to be provided for the following:
      a. Nursing care of home patient - acute and/or chronic.
      b. Preparation of mother and family for new baby.
   2. Factors influencing case selection:
      a. Provision for opportunity to observe
         (1) Good teaching-learning situations
         (2) Social factors influencing family health (most discouraging types to be avoided when possible).
         (3) Patients who have been or are under the medical supervision of the observer's hospital.
         (4) Families known to other social agencies in the community.
      b. The type of observer.
         Consider student's level in the school.
      c. Recognition of the importance of first impressions upon the observer.

C. Staff Nurse Responsibility
   1. Brief explanation of preparation for field visits - calls to social service worker, LMD, etc.
   2. Guide observers in reading records of cases to be visited.
   3. Explanation of plan for individual family - how case is referred, why visits are necessary.
   4. Demonstrate bag preparation for field visit.
   5. Conference en route to home may include:
      a. Explanation of district in which patient lives.
      b. Review of specific family about to be visited - how referred, plan for visit and need for exchange of information with hospital or other agencies.
      c. Encourage observer to ask questions.
      d. Call the attention of observer to purpose of nurse in directing conversation. Explain why attention directed to some things while other important things seemingly overlooked.

D. The home visit

1. Introduction of visitor to family, explaining who the observer is and where she is from.
2. Allow observer to participate or assist whenever advisable.

E. Conference after home visit

1. Whenever possible, the conference should be conducted by supervisor, assistant supervisor or senior staff nurse. Determined according to the amount of travel time involved.

2. Content of conference
   a. Brief review of objectives
   b. Observer encouraged to discuss observation day. When possible, general impression gained to be ascertained.
   c. Clarification and interpretation of points not clear to observer.

Dec. 1949

Important –

Outline of Follow up Conf –

Outline B – Observation

Schmidt

Coly

Poland

V. N. Dr

1-212: 1FA5c1 Academic + Clinical Relationships I-School of Nursing